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ART. I.—*Remarks on some of the more Prevalent Diseases of Ohio in* 1848. By JOHN DAWSON, M.D., of Jamestown, Ohio.

Having a little leisure at present, we embrace it to present a brief account of the diseases with which our region, during the last year, has been visited; and, in doing this, our remarks will be chiefly confined to some of the more prominent of these affections.

During the season, we experienced nothing of an unusual character, as regards the quantity of rain, temperature of the weather, etc. The spring was warm, with perhaps rather more than the usual amount of rain. A pleasant summer followed, the temperature of which was at no time high. The transition from summer to autumn, and from autumn to winter, was gradual, being attended with nothing that seriously interfered in any way with the

general health. The crops, so far as wheat, oats, and corn are concerned, were abundant. The same is true of fruit. We here had the largest crop of apples, cherries, plums, &c., that has occurred for years.

With all of these favorable circumstances, it might be supposed that we have been almost, if not entirely, exempt from disease of every kind. But we have not. There are some diseases which we meet with more or less every year; and there are others of which have but an occasional prevalence. Among the former, we find the various forms of disease usually alleged to be of malarious origin, such as bilious remittent fever, intermittent fever, neuralgic pains, &c.

Bilious Fever.—This complaint has not prevailed so extensively in this part of Ohio, nor, as far as we have learned, in any other part of the State, as in former years. Comparatively speaking, we treated but few cases during the last season; some of these, indeed the most of them, were mild. We saw, however, a few cases of a very malignant character, so much so, that medicines seemed to possess no control over them.

Our treatment has varied according to the form of the complaint and its complications. Regarding it as owing its origin to the same cause as that producing intermittent fever, only operating in a more concentrated form, we have adopted a corresponding system of medication. The most obvious indication has seemed to require something to neutralize or destroy the virus. After clearing the first passages with cathartics or emeto-cathartics, it has been our practice to trust the cure of uncomplicated cases to quinine. With respect to the periods most proper during the course of this fever, for the introduction of this drug into the system, there has been some variety of opinion. All agree that when a remission can be obtained that is the most proper period. No one, however,

should conclude from this that, in those cases presenting a very formidable array of symptoms, and not marked with any very appreciable remission, the drug should be withheld. Under such circumstances we have administered it, and so far are well satisfied that it is better to do so, at these inauspicious times, than to withhold the drug for days, and sometimes weeks, waiting for a remission.

As there is still some diversity of opinion upon the propriety of the quinine plan of treating the disease before us, we will offer a few thoughts in its defence. Without summoning the success of the practice in our own hands, as applicable to all cases that we suppose can be cured by any course of treatment, we believe its propriety may be established from a class of facts touching its identity and mode of origin with intermittent fever. Both diseases prevail in the same localities, and the circumstances, meteorological or otherwise, which favor the prevalence of the one, favor the prevalence also of the other; both are characterized in the onset by the same symptoms; both take life in about the same way. Remittent fever, as is well known, prevails sometimes without any appreciable remission. The same group of symptoms we see, in another case, connected with a decided remission; and what is more common than to see the disease, in cases where there has even been no treatment whatever instituted, terminate in "*chills*," showing clearly that it passes by a series of gradations into intermittent fever. On the contrary, if we are to believe the testimony of physicians, intermittent fever will occasionally become *continued*, characterized by the usual phenomena of continued fever. With, then, as far as anything is known of either of the complaints, an identity of origin and pathology, what is there unreasonable in supposing that they have an identity so far as the effects of remedies are concerned? Further, this matter is sustained by

a great number of medical gentlemen residing in highly malarious districts.

The Biliousness of Remittent Fever.—This is a circumstance which has formerly entered largely into our views in almost every case of autumnal remittent fever. Whether it is real or only imaginary, is a question of no small importance to the practitioner. Writers, not regarded as being at all obsolete, and, we may also add, some teachers of the present day have, somehow or other, succeeded in making the impression that most, if not all cases of the complaint before us, are connected with pretty prominent derangement of the liver, and hence the currency of the name "*bilious*" fever. That the liver, like other important organs of the economy, undergoes alterations both of function and structure, is a position the integrity of which will never be assailed by ony one possessing but a limited experience. That, however, it is so much involved in every case, as to give character to the complaint, is a view which derives its origin and support from a source of kindred character with that of the distinguished Frenchman, who makes gastro-enteritis the prevailing lesion in all cases of remittent fever. Derangement of the liver we regard as a complication; as something that may or may not supervene during the progress of the malady, and not as one of the indispensable elements, which go to make up the series of morbid actions of which the disease is composed. Of itself, derangement of the liver is a disease, and one too of very frequent occurrence in malarious districts. As a consequence, it is frequently associated, not only with remittent fever but also with other diseases peculiar to such localities, masking sometimes the character of the disease with which it is connected in such a manner as to appear to be decidedly the most formidable and important lesion present. Without doubt, it is this circumstance, more than any other,

which, in the treatment of autumnal remittents, has given rise to a system of medication the principal indication of which is made to consist in the use of medicines addressed to the liver. By making such an indication the principal one, it is that the error is committed. In our view, instead of administering mercurials for a number of days and nights in succession, in order, as is imagined, to restore the secretions, a better practice consists, after the first passages are cleared efficiently, in the administration of quinine. This course will arrest the fever, after the subsidence of which the secretions of the liver are easily managed, much more so, indeed, than when the fever was in full possession of the system. If we are not mistaken, this plan has several advantages. It saves the patient's time, his money, and the wear and tear of his system by medicine. It may be replied here, that there are some cases so decidedly *bilious* that quinine will have but little, if any, effect upon them until they are pretty well mercurialized. Readily we grant the truth of this. Just such cases we have witnessed. We have also seen other diseases, intermittents for example, so intimately associated with morbid conditions of the liver that policy suggested the propriety of conciliatory measures towards this organ before making an attack elsewhere. By us, however, such cases have been regarded as exceptions to what generally obtains.

Another view of this inquiry, going to favor the position that biliousness is but a complication of our autumnal remittent fever, will be found in the fact, that in many of the very worst cases of the complaint, those usually termed malignant, derangement of the liver is not at all apparent. The disease seems to take life by a series of morbid processes, in which the liver seems but slightly to participate. After the stage of incubation, in such cases, a chill, or perhaps rigors are developed, followed by fever of the synochus grade, nausea, vomiting,

diarrhea, intense pain in the head and back; then follows a sinking sensation in the epigastrium; frequent thin watery discharges from the bowels; increased thirst; dryness of the tongue and throat; incoherence, and other evidence of disturbance of the brain; small, frequent pulse; cold clammy condition of the surface; cold extremities. The fatality of such cases has always seemed to us to be due to a very violent impression of the virus upon the stomach and bowels; for, at the bedside, it has seemed impossible to resist the conviction that these organs were the seat from which morbid actions were radiated to other parts of the system. By no means, however, do we wish to be understood that such cases are entirely free from trouble in the liver. Indeed, no malady, with the array of morbid actions to which we have referred, can be supposed to exist for any length of time without interfering more or less with the functions of an organ holding such relations to the system as the liver. What, nevertheless, we design to say is, that lesions of the liver, whether of function or structure, bear no comparison to the alterations going on in other parts of the system.

In what manner is the liver usually affected in remittent fever? Is the flow of bile *increased* or *diminished?* Or is the trouble due to *morbid bile?* Diversified are the opinions of physiologists concerning the purposes for which the liver secretes the bile—what functions it performs in the process of digestion—whether it is intended merely for excretion; or, as has recently been affirmed, is returned from the intestinal canal again into the organism—are questions which have not shown themselves amenable to any of the researches of physiologists or chemists however profound. And yet it would seem necessary to have some correct conceptions of these questions, in order to have a starting point, from which to deduce rational conclusions with reference to the pathological conditions of the organ.

Tiedemann and Gmelin regard the function of the liver as being supplementary to that of the lungs—to remove hydro-carbon from the system. They urge that warm-blooded animals have the liver of a size that is inversely proportionate to the size and perfection of the lungs. Thus, animals which live in the open air have large lungs and small livers, while those which live partly in the water, with a very imperfect apparatus for the decarbonization of the blood, have a very large development of the liver. They also suggest that, in pneumonia and phthisis, the secretion of bile is increased. As further going to show that the biliary secretion is in a great measure supplementary to the decarbonizing process of the lungs, we are referred to the physiology of the fœtus, in which the liver is larger, proportionally, than in the adult, and in which the bile is copiously secreted.

To some extent the views of Liebig are analogous to those to which we have adverted. He supposes that those compounds which contain the carbon of the transformed tissues are collected in the gall bladder in the form of a compound of soda, the bile, which is miscible with water in every proportion, and which, passing into the duodenum, mixes with the chyme. The parts of the bile which, during the digestive process, do not lose their solubility, return into the circulation in a state of extreme division. As proof of the capability of the large and small intestines to absorb bile, we are referred to the circumstance that bile, mixed with enemata and injected into the rectum, quickly disappears, and also to the feces of the carnivora, which it is said contain no bile, the whole having been reabsorbed.

While both of these theories regard the liver as an organ the primary and principal use of which is to separate carbon from the blood, the former considers the bile, or the carbon it contains, as an excrement which passes off with the fæces; whereas, the latter supposes it is principally

returned from the alimentary canal into the circulation. How now are we to reconcile, by either of these theories, the manner in which disease is produced by an *increased* or *diminished* flow of bile? If, as one of them presumes, the separation of the bile from the blood is a process perfectly excrementitious in its character, there is reason to suppose that any agent which interferes with this process gives rise to disease in the same way that the obstruction of any other emunctory would do. The elements of which the bile is composed would be retained in the circulation, acting, of course, as an irritant, and thereby producing alterations on the internal coats of the arteries, or perhaps fever. But, if children can live four months in the enjoyment of apparent health, without having any apparatus by which this alleged irritant can be separated from the blood, as Blundell found to be the case with two children, such ways of accounting for the origin of diseases may have as much ingenuity about them as truth. The other theory, which teaches that the bile is not merely an excrement, but is returned into the circulating mass from the intestines, it seems to us, is more plausible, though it is not without its objections.

Speaking on a kindred subject, Dr. Jas. Johnson refers to what he calls a cutaneo-hepatic sympathy—a sympathy between the liver and skin—which, in warm climates, gives to fevers, as well as other diseases of a bilious character, in consequence of there being an increased flow of bile. Other writers, whether they avow the connection between the liver and skin or not, as suggested by Johnson, nevertheless agree with him in the fact, that it is an excess of the biliary secretion which usually complicates the diseases of summer and warm climates. According to this view, mercurial purges owe their efficacy, in remittent fever, to the property they possess of either restraining the action of the liver, that has already been goaded to excess, or simply to their purgative property in remov-

ing effete bile from the alimentary canal. If to the former, where the propriety of the course so usually practised of administering them in other diseases of alleged torpidity of the liver? if to the latter, in what respect are they better than other efficient purgatives?

Functional or structural disease of the liver may, of course, give rise to a depraved character of the secretion. With reference to this matter, there has been, so far as we are acquainted, no observations made on the bile of persons dying from remittent fever. The bile in some other complaints has not been overlooked. Forget states that in persons suffering from dropsy it is *thinner*, while in those laboring under a diseased liver it is thicker than in the normal state. In persons that died of cholera, Phœbus found the gall bladder unusually full, sometimes to excess, and the bile rather dark colored; and Heraman found that in the same disease it contained an excess of resin. In his researches on the bile of a dropsical boy, Lehmann found a large quantity of hydrosulphate of ammonia, a circumstance which, in other cases, did not occur when the bile had been kept for some days. Simon and Bizo examined the bile of cases which had been affected with icterus; the former obtained a very small quantity of viscid, dirty, yellow fluid, from which alcohol precipitated mucus and albumen; the latter found the bile to be of a dark red color, thick, of a nauseous, but not bitter taste, with an odor resembling that of putrid fish, and holding in suspension red and black particles. Chevalier states that the bile in the case of a man who had died of scirrhous pancreas, and who was jaundiced, was of a pale green yellow color, had a putrid odor, an alkaline reaction, and a faint slightly saline taste. The last named author, as well as Chevereul, found great departures of the bile from the healthy standard in phthisis and syphilis; and Thenard, in cases of fatty degeneration of the liver,

noticed a diminution of biliary resin, the bile appearing as a mere albuminous fluid.

Such facts as the above we think are sufficient to excite some inquiry with reference to *morbid bile*, as one of the circumstances which may be connected with the biliary derangements incident to our autumnal fevers. If the bile is not an excrement, as has formerly been supposed, but a recrementitious substance, the principal elements of which are designed to be retained in the system as inservient to the process of respiration, how easy is it for the mind to recognize the want of balance in the elements of which the fluid is physiologically composed, or the introduction of new elements into its composition, as agents that may exercise some influence in giving rise to that group of symptoms by which we are enabled to recognize biliousness?

To the phenomena generally regarded as being evidence of biliary derangement, it might not be improper here to advert. No one perhaps attempts to make out a biliary complication without referring to the appearances of the tongue, skin, conjunctiva, and character of the stools.

The tongue may or may not be of service in the diagnosis, owing to the fact, that in different individuals in a state of health, it varies as it regards its form, its color, and the coats with which it is liable to be affected. On the contrary, we frequently see the tongue remaining in a physiological condition, while some serious disease is present in the system. Usually it is supposed that a yellowish or brownish appearance of the coat indicates biliary derangement. This may or it may not be true. In recent cases, the appearance may be owing to the presence of something in the food, or something in the medicines administered. In cases of longer standing, it may be owing to the foul, dirty secretions with which the mouth may happen to be affected. What more common than to

see a brownish dirty tongue in typhus, which, perhaps, owes its existence to the same cause which affects the teeth with sordes. Hence it is only by taking the appearances of the tongue in connection with other evidences of hepatic lesion, that we can derive from them any consequence in the diagnosis.

On the color of the skin and conjunctiva very much reliance has been placed. But of the manner in which this color is imparted to the skin, and of its true import, we know but little more than what is sufficient to excite inquiry. Generally it has been supposed to be due to the presence of bile in the blood. According to the experiments of Orfila, Collard de Mortigny, and Clarian, on the blood of persons who were suffering from icterus, it was found to contain no other constituent of the bile than its pigment or coloring matter, lately named biliphein. Lessaigne and Thenard declare that they have been unable to detect in the blood of such persons any trace whatever of the bile. The most general opinion, however, is that the yellowish color of the skin is due to the presence of the pigment in the blood, and some think to this alone. Taking this for granted, another question arises as to its import. Is it connected with an increased or diminished flow of the bile? or with a morbid state of this fluid? Becquerel and Rodier both observe that in icterus there may be a continued secretion and flow of bile, or there may be perfect retention arising from biliary calculi, &c. No particular modification was observed by them in the blood in the first case, while in the second there was an accumulation of cholesterin and the other fatty matters. When the flow of bile is copious, much more being secreted than in a healthy state, of course it may contain more than a corresponding proportion of the pigment, which may give color to the skin by its abundance in the system. When, on the contrary, the ductus communis choledochus, from any cause, becomes obstruc-

ted, even should there be a deficient amount of bile secreted, it being unable to pass off by the natural channel, must, as a consequence, remain in the blood to color the skin. We may suppose, therefore, that the icteric appearance denotes trouble of some kind or other; but of the character of this and its gravity in a given form we know almost nothing. How frequently do we see patients affected with yellowness of the skin, which makes its appearance during convalescence from some complaint not apparently interfering with the functions of the liver, and after continuing awhile subsides without drugs of any kind being used? The icterus connected with disturbances of the digestive process, and that frequently noticed in very young children are also of difficult comprehension, and induce us to believe that those who have investigated the matter most will be the most careful about giving any very decided opinion.

The appearances of the stools are usually regarded as evidence of a very important character in making out biliary derangements, whether existing as a primary disease or as a mere complication of some other. The brown or yellowish cast of the feces of a healthy adult is usually attributed to the presence of bile. Berzelius, who is the highest authority on this subject, found in one thousand parts of fresh human feces only nine parts of a substance similar to bile. Now, as Liebig suggests, five and a half ounces of feces, the usual weight daily discharged, would contain only 21 grains of dried bile, equivalent to 219 grains of fresh bile. A man, however, secretes daily from 9.640 to 11.520 grains of fluid bile; that is from 45 to 56 times as much as can be detected in the matters discharged by the intestinal canal. From this it appears that the most of the bile is absorbed, leaving, in fact, but nine out of one thousand parts to impart the characteristic appearance. Whether now the appearance is due to this small quantity, and to this alone, future re-

search can only determine. In a state of health, the color and consistence of the stools vary according to the kind of food used. A person living to a considerable extent on rice will, as we recently witnessed, have stools that are much fairer than one who uses a good deal of bran bread, or some other article of a dark color. And during the summer and autumn, when fruits enter largely into the food, the evacuations are not only thinner, but present a greater diversity of hue than under other circumstances.

Various are the opinions with reference to the cause of the green stools, called, by Kraus, "*calomel stools*," which sometimes follow the use of this preparation in the disease of children. Some suppose that they arise from the action of the medicine on the liver, though Kraus himself thinks that they are owing to the action of calomel on the milk contained in the alimentary canal. Zeller contends that the color of the stools is caused by alterations produced in the condition of the blood. Bird published an analysis which he made of one of these green evacuations. The specimen examined was passed by a hydrocephalic infant while under the influence of mercury, and the composition of the fluid part of the green evacuation is thus expressed: Water 900.00; biliverdin, alcohol extract, fat cholesterine, with traces of bile 24.50; ptyalin, aqueous extract colored by biliverdin 11.25; mucus, coagulated albumen, and hematin 56.00; chloride of sodiam with traces of tribasic phosphate of soda 5.50; tribasic phosphate of soda 1.75; peroxyde of iron 1.00. Kersten denies that the greenish tint is dependent on the presence of bile, but ascribes it to the green sulphuret of iron. Berzelius says he never suspected that it arose from sulphuret of iron, but regards it as being due to the black oxyde of iron. Bley supposes that it owes its existence to the sulphuret of mercury. Our own observations lead us to the conclusion that the greenish stools of

children are sometimes the result of processes which go on in the alimentary canal independently of the agency of any foreign substance whatever; for we think we have frequently recognized them in cases in which no drug of any kind had been administered.

Simon endeavored to ascertain whether the very dark green bilious stools of adults, which, in certain morbid conditions of the system, follow the administration of calomel, were due to the bile and its pigment. The fifth stool that was passed, after the administration of a large dose of calomel, was made the subject of the analysis. Bilin with bilifellinic acid and biliverdin were found in large quantity, and by digestion with sulphuric acid the bilin became converted into biliary resin. He adds, after various attempts that he made (by Smithson's method) to detect mercury in calomel stools, the result proved unsuccessful. That calomel, however, does produce alterations in the appearance of the discharges from the bowels, has been rendered certain by the experiments of Annesley, who found that calomel administered to dogs gives the discharges a dark color.

As a general rule, clay-colored feces are regarded as evidence of a diminished flow of bile, or perhaps a want of balance in the constituents of which the bile in a normal state is composed. Usually, but not always, persons affected with jaundice have clay-colored stools. Piercy analyzed the feces of a young lady affected with jaundice, which, instead of being clay-colored, were brown. Indeed, it is not uncommon to find bile in the feces while the skin and eyes are yellow. This is thought to depend upon the circumstance, that some branches of the hepatic ducts are obstructed while the others are free; and thus the bile that is secreted is in part conveyed into the intestines, and in part reabsorbed. While, therefore, white or clay-colored stools may safely be regarded as depending on the absence of bile, biliary obstructions, as we have

just seen, may exist without imparting any such character to the feces.

We have now reviewed the more prominent phenomena usually depended upon for the purpose of diagnosticating a case of biliary derangement, such as we are likely to meet with in the treatment of autumnal fevers; and we believe that no one, who passes over the subject carefully, can come to any other conclusion than that we are yet merely upon the threshold of knowledge with reference to the whole matter.

Before dismissing remittent fever, we have a word or two to say with reference to its tendency to terminate in "*the chills.*" Formerly this was regarded as being a salutary result, and as a consequence measures were sometimes put in requisition to bring it about. That it should still be so considered, in many cases of the disease, is a position from the correctness of which we by no means dissent; for the practice of converting a severe disease into one of less dangerous character, is perhaps as reasonable as any thing connected with the allopathic mode of practice. By no means, however, does it follow that such is a correct mode of procedure in all cases. When once we are satisfied that the exchange of one form of disease for another would probably increase the aggregate amount of suffering that the patient would have to endure, propriety would suggest that the exchange should not be made. For ourselves, we believe that, so far as converting an ordinary case of remittent fever into the chills is concerned, this is the case. As a general rule, remittents are of short duration and easily managed. Can this be said of the chills by which they are so frequently succeeded? After many cases of fever are cured, during the summer and fall, the chills set in, and in spite, very frequently, of remedies, keep the patient sick during the winter and part of the spring. To such an extent have we witnessed this for some years back, that

instead, in the majority of cases, of adopting any measures to convert the one form of disease into the other, we usually try to avoid such a result. With reference to the best means of doing this our experience is not at all extensive. We are aware, however, of one thing, and that is, that it, in very many cases, is difficult. The very means we often institute for the cure of a patient affected with a bad form of fever, such, for example, as bleeding, depleting, purges, &c., prepare the system for the advent of the chills, hence it is that such cases, more frequently than any other, terminate in the chills. Although, in these cases, we are unable to avoid the result, the great majority require no such treatment. They can be cured without blood-letting or any purgation, more than a clearing once or twice of the bowels, as we have shown in a previous part of this paper. In addition to the avoidance, in all ordinary cases, of a decidedly atonic course of treatment, something may also be done by guarding the period of convalescence with the administration of quinine at stated intervals. It is thought, by those having an extensive acquaintance with the habits and habitudes of the disease, that it shows a tendency, after once being cured, to return on or about every seventh day, and it is during these hebdomadal paroxysms that the form of the complaint is most likely changed into that of the chills; and hence the propriety of anticipating these periods with the administration of quinine.

Intermittent Fever.—The prevalence of this disease has been much greater in former years than during the past; and what cases did occur had nothing about them of much interest, except that, in a few of them, the paroxysm seemed to be incomplete. We witnessed several in which the chills made their appearance at pretty well defined periods, being followed with a high fever, but *no sweating*

stage. Instead of the sweating stage, there were violent neuralgic pains. Sometimes they were seated in the head, and gave rise to the most intense suffering that we ever noticed in cases of fever. They were the most protracted of any that we treated during the season. Quinine, in the doses that cured other cases of the complaint, made but little or no impression. In one case, which was the worst that came under our care, we persisted in the use of quinine for about three weeks before the disease was arrested. We commenced with the ordinary doses, but ended with larger ones; and, although the patient recovered, we were not able to attribute it with any great confidence to the quinine. No prominent derangement of any of the secretory organs was observable, except the skin, which remained rather harsh during the most of the course.

With respect to the treatment of intermittents no one feels much interest, owing to the fact that we are about as near perfection as can ever be expected. But *the best mode of keeping the complaint cured* is now decidedly the most important matter that should engage the attention of the practitioner. Quinine will cure the disease, but what is the best calculated to keep it cured? We have experimented with a number of the drugs most likely to accomplish this object; but as yet we are not able to give a very decided opinion upon their relative merits. The administration of quinine and carbonate of iron, just before the periods of the expected recurrence, and persisted in for some time, will do as much in keeping the disease from returning as any thing we have used. Some practitioners, believing that the malady, after being completely cured, has a greater tendency to relapse on or about every seventh day, than at any other times, address their prophylactic measures to these periods, and they think with decidedly more success than in attempting to forestall or anticipate the paroxysms by administering medicine every

day or every other day. As we design preparing a paper especially on intermittent fever before long, we will waive any further notice of the subject at present, and make a few passing remarks upon some other diseases with which we have been visited. One of these is—

Scarlet Fever.—In the latter part of fall, this disease made its appearance in our region, and is yet prevailing. As far as it has come under our observation, it has in the general been mild. This, however, as report says, is not true of some regions not far distant. There, it is said to be prevailing with considerable mortality. As far as we have noticed the eruption, it has usually been complete. Nor have the fauces, as a general rule, been severely affected. That variety called *scarlatina maligna*, and which is alleged to be identical with *putrid sore throat*, it is worthy of remark, has not been observed since the epidemic made its appearance. Nor have we ever, so far as we now recollect, known it to prevail with the other varieties. So far the fever connected with the present epidemic shows rather a tonic condition of the general system, the very reverse of what obtains in cynanche maligna. Indeed, the more we see of the two diseases the more we are convinced that, instead of being identical, as is alleged to be the case by some modern writers, they are separated from each other by as many peculiarities touching their origin, pathology, and treatment, as are usually found to exist between different diseases.

With respect to the best mode of treating scarlatina there is still some diversity of opinion. Believing that the complaint has a certain series of changes through which it will pass, we have regarded all attempts to stop it, or even abridge it, as being productive of no benefit whatever, but, on the contrary, as calculated to convert mild cases into such as it will sometimes be found difficult to cure. During the present epidemic we have not used

the lancet in any case, notwithstanding we have witnessed an array of symptoms which seemed to suggest to us in very strong terms the propriety of a loss of blood, and which, if they had been connected with almost any other disease, would have had the efficaciousness of that measure tested; yet our views of the pathology of the complaint induced us to withhold a procedure, the principal effect of which we believed would be to embarrass the efforts of the system in the elimination of the virus. Cautious also has been our use of purgatives. Those of a character decidedly mild, such as hydrargyrum cum creta, rhubarb, or an infusion of senna, has always seemed to us to be more in harmony with the irritable condition of the mucus membrane of the first passages, than others, the impression of which is attended with some considerable degree of severity. Indeed, during the use of purgatives of any kind the state of the bowels should be closely observed, in order to guard against the production of diarrhea, a circumstance usually of very serious import, and so often connected with fatal cases. Why is it that so many cases of this disease recover when treated with domestic remedies? In answer to this question it may be submitted—1, that mild cases require little or no interference of any kind; and will recover, unless they are embarrassed by too much officiousness—2, that purgative drugs are in less favor with the community as a remedy than tisans, mucilaginous drinks, and, as a consequence, when they do attempt medication of any kind, it is with a class of articles that the closely observing physician would, perhaps, rely upon in similar cases. Local medicines in point of importance hold a high place in the treatment of almost every case. In cases where the surface is hot and dry, the application of water, or water and vinegar, of a temperature below that of the skin, will exercise not only a very salutary influence over the feelings of the patient, but will do much towards allaying

arterial excitement and bringing the functions of the skin into a healthy state. Equally valuable is warm water when the fever is connected with an atonic condition of the system, attended with an imperfect eruption. About the throat and nasal fossæ the defluxions are sometimes very urgent, and in such conditions the application of emollient cataplasms will scarcely ever fail to soothe the sufferings of the patient. A case occurred a few weeks since in a boy of some fifteen years of age, attended in the onset with high fever, urgent thirst, violent pain in the head and back, delirium at times, and occasional diar rhea, and a condition of the throat and nasal fossæ very much swollen. We strongly doubted the recovery of this case. The array of symptoms was such as inclined us to the opinion that it was one of those cases that generally go to a fatal issue under any or all plans of treatment. During our absence on one occasion, and while the patient was in the worst stage of the complaint, a *tar plaster*, made of very thin tar, was applied so as to encircle the entire neck. On our return we found the patient better—left the tar plaster in its place, and, to our sur prise, he recovered. Was this a coincidence, or should the salutary change be ascribed to the agency of the tar? Affected in a similar manner and with just such a group of symptoms, patients, according to our observation, are apt to die; and nothing could be discovered in the case before us, previously to the application of the tar, that would justify the anticipation of any other result. We therefore concluded to give the measure the benefit of further trial; and although none of the cases in which it was afterwards used were so severe, its influence seemed sufficiently positive to create a favorable impression of its efficacy.

There is something in scarlatina, like other diseases of the same class, which teaches the practitioner some severe lessons of mortification. While he finds many cases do

better without than with drugs, there are others that seem to bid defiance to all the resources with which he is acquainted, and go to a fatal issue without apparently having their symptoms in the least manner mitigated. It is true, nevertheless, that between these mild and malignant cases there is a class in which well directed efforts may turn the scale in the patient's favor. But even here the utmost skill is often requisite to prevent remedies from *coinciding* with the disease.

Pneumonia.—Into any thing like a minute account of the disease which stands at the head of this paragraph, we do not expect at present to enter. But, as there is more or less of it witnessed every year, we think it not out of place, in a communication like this, to give it a passing notice. During the months of winter and spring, more than in any other parts of the year, does the disease prevail in our region. It is more common some years than it is in others; and it was the opinion of a very close observe in Ohio that its prevalence had a very intimate relation to the temperature of the winter months. When this is high, but little, comparatively, of the complaint makes its appearance; when low, it makes up no small proportion of the sickness and mortality incident to the season. It is not, according to our observation, of the most frequent occurrence during the presence of the coldest weather; but while the transition from winter to spring is going on the greatest number of cases are developed. While all classes are perhaps equally affected, the old are certainly the most liable to suffer. No one complaint, we are satisfied, carries off so many aged persons in this region as the disease before us. Two causes, probably contribute to this result—the inability of old persons to bear a low temperature, and the greater tendency there is in the inflammatory action to diffuse itself through every part of the lungs. Among children our opinion is

that it is less fatal than with any other class. Nor is it with children so frequently idiopathic, being wholly engrafted on some other disease, as catarrh, influenza, measles, etc.

With respect to our method of treating pneumonia, it has been governed not by the numerical statistics, but by attention to the age of the patient, the constitution, the cause of the disease, its character, &c. Aged persons, as far as we have known it tried, bear the loss of blood badly. A few years since, it became proverbial among the people that all the old persons who were bled died. Although this was not true, we nevertheless believe that mischief is usually the result of bleeding this class of persons, unless great discrimination is observed. Stimulants and diaphoretics, local bleeding and blistering, are measures better adapted to a large proportion of these cases. Connected with the constitution one of two conditions of the system always obtains, the tonic or the atonic. In young persons, with good habit, and a decidedly firm state of the organism, general bleeding will accomplish every thing alleged concerning it by its warmest friends. But even here we have always inclined to the views of Gregory, that early bleeding, and that carried to the point of syncope, will exercise a more salutary influence over the morbid action than a very frequent repetition of the measure, and the abstraction at each time of smaller quantities. In atonic states of the system the value of the measure is much less evident. One bleeding may frequently be tolerated, but a repetition of the measure has, according to our observations, scarcely ever failed to lessen the patient's chance of recovery. To cupping, blistering, tartar emetic, lobelia inflata, and diaphoretics, under such circumstances, we should rather trust. Malarious influences sometimes modify the powers of the constitution in such a way as makes it necessary to make essential departures from the course usually found suc-

cessful. Dr. J. Johnson, of Laramie, Ia., since we commenced this communication, informed us that, in his region, it was found impossible to treat pneumonia, in many instances, successfully without quinine. After the usual remedies, patients would linger until this drug was used. In children, the disease is frequently engrafted on some other complaint, as, for example, pertussis or the measles, or perhaps is a sequel of catarrh. Cases of this character neither call for nor can they be successfully treated by the usual routine practice. Besides the general remedies which each individual case seems to require, it has been our practice in many cases to use, as a local remedy, cataplasms sufficiently large to envelop the chest and part of the abdomen. Children, particularly young children, bear blistering and cupping, as all know, with a great deal of inconvenience; and the good which they are frequently supposed to do is in a great measure counterbalanced by the irritation which they create. In some instances where the whole system has seemed to be in a violent state of irritation, we have added anodyne substances, such as hops, and, in the absence of this article, boiled onions, to the poultices, and it has generally seemed to us with benefit.

With a brief sketch of a certain disease not at all connected with any of those previously noticed, but one that is occasionally met with in going the rounds of treating disease, and one, too, which will give the practitioner about as much trouble as any that we have noticed, we will conclude this communication, so far as a notice of disease is concerned. We allude to

Colica Menstrualis.—From a case of this troublesome complaint we have just returned; and, owing to some peculiarities connected with its progress and treatment, we have thought it not out of place to give it a passing notice.

The lady to whom it occurred is about thirty years of age, is the mother of some four or five children, and has the appearance of enjoying good health. For the last seven or eight years she has been somewhat irregular in the menstrual function, and at such times she has been liable to attacks of colic, the pains of which have always seemed to be seated in the stomach, radiating from this point towards the chest or lower bowels. The last attack came on her during the presence of the menstrual secretion, and a short time after she had been eating an apple. Several things were administered before we saw her, the effects of which produced copious emesis. We commenced the treatment with opiates in large doses, and continued them until we had administered about two drachms of laudanum and six or eight grains of opium. The vomiting and pain in the stomach persisted for some length of time, but by using fomentations to the epigastrium in conjunction with the opiates, a temporary respite from the most urgent suffering was obtained. This, however, lasted but a few hours, when pains as violent as ever returned. Foiled in our efforts to destroy the pain with the preparations of opium, purgatives were administered, and with the first evacuations the symptoms were strikingly mitigated, and by maintaining a lax state of the bowels for a couple of days the patient was cured.

This, with other cases of the same character which we have noticed within the last ten years, has interested us not merely because they have been characterized by an uncommon amount of suffering, but on account of the treatment which proves most successful. Opium and its preparations, which are so frequently and so successfully invoked in almost every variety of cramp and spasm, seem to have no value whatever. In every case we have treated, they have been first employed, and that, too, in connection with fomentations, rubefacients, sinapisms, and other auxiliaries; and so far we have been disappointed. Brisk

purgatives, however, have never disappointed us. In every instance in which they have been used, an amendment has been perceptible as soon as they took effect on the bowels. Their efficacy does not appear to be due to the evacuation of gaseous or irritating matter from the bowels, but to the establishment of the natural in the place of the spasmodic action. For several days after the violent symptoms have subsided, it will be necessary to continue their use. As, however, the mucous coat of the stomach is apt to get very much irritated during the course of the malady, some of the mild articles, as hyd. c. creta, will have the most salutary effect in maintaining a laxative state of the bowels,

Before closing, we will say something with reference to the progress, in our State, of

Quackery.—On all sides, the profession in Ohio, at the present time, is beset with almost every form and variety of quackery. Coming from such a diversity of sources, and keeping pace with the lights of science, yea, even outstripping almost every thing useful connected with the improvements of the age, there is good reason for the opinion that we are not yet in the worst stage of the trouble.

In nearly every town and village the stores contain a supply of patent medicines, such as purgative pills, cough drops, ague medicines, liniments, ointments, plasters, specifics for the cure of consumption, for the diseases of the liver, &c. Described in very extravagant and false terms, in large ornamented handbills stuck up in some prominent place in the store-house, and many of them also in the newspapers, the result is, that these drugs are bought and consumed in great quantities, and when the physician is called upon to visit the sick, he not unfrequently finds that his patient has been for days preceding

swallowing nostrums that were either inert or coinciding with the malady in their effects upon the system.

The *steam* and *pepper* fever, so far as we are acquainted in the State, has about come to a *crisis*. In the distance, however, new affections, or rather complications of the old, are beginning to show themselves under the various names of "Reformed Botanical Medicine," "Eclectic Medicine," "Hydropathy," "Homœopathy," &c.; and, from present symptoms, the most of those formerly affected with the steam and pepper disturbance are about to take these new troubles in something like the natural way. To drop the figure, the transition from one humbug to another seems much easier than a return to the solid substantial principles of science.

There is another matter which it may not be out of place to notice. We allude to the standing of physicians at present in the estimation of the people. The time has been, it is said, when there was something dignified and venerable associated in the mind with a mere announcement of the name of a physician. Is this the case generally at the present time? May be it is. If so, we should like to see some one well skilled in diagnosis try his hand in making out what state of mind it is which has given rise to the almost universal custom of the people, when they address a physician, of calling him "*Doc.*" Again, in speaking of the attendance of a medical man on his patients, the common phrase has come to be "*waiting on*" the patient. Thus, a very common form of expression, when any one wishes to inquire about the sick is, "*Doc*, how is that patient you are *waiting on?*"

March 12, 1849.

ART. II.—*Lectures on Typhoid Fever, delivered in the Hotel Dieu Hospital of Lyons.* By M. BRACHET. Translated from the French, by DAVID W. YANDELL, M.D., of Louisville, Kentucky. (Continued.)

The disease presents, as you will have remarked, three distinct and well marked periods or stages. The first is characterized by a more or less intense cephalalgia, insurmountable lassitude, sad and sunken countenance, loss of appetite, tongue white and sweetish, abdomen slightly painful, occasionally diarrhea, pulse quick and sharp, gums coated with a pearly white.

The second period is but an aggravation of the first: the cephalalgia becomes more obtuse, or even entirely disappears, or rather the patient no longer takes cognizance of it. Coma-vigil comes on; the intellectual and moral faculties grow more and more vitiated and deadened, and revery and delirium supervene and continue to augment. The expression of stupor and heaviness reaches the highest degree; the prostration is extreme; the patient is no longer able to remain in any other position than upon his back; copious sweats supervene and develop sudamina; the tongue becomes brown and covered, in common with the teeth and lips, with a fuliginous coat; finally, the skin of the patient is observed to be more or less studded with a rosy lenticular eruption; the diarrhea generally augments, though it is sometimes suspended; the dejections are also often involuntary.

As the second period is but an aggravation of the symptoms of the first, the third period is but an aggravation of the second, the symptoms in this gradually attaining their maximum of intensity; the moral and intellectual faculties are entirely abolished; all the senses become more obtuse; some are even apparently destroyed. To the coma-vigil or typhomania, sometimes succeeds somno-

lency, and sometimes coma and carus. The power of motion is so feeble that the patient remains almost immovable in bed, to the foot of which he seems to glide by his own weight; deglutition becomes difficult; the alvine and urinary discharges are involuntary or suspended; the mouth is filled with fuliginous matter; the heart beats with an almost incalculable rapidity; a viscid sweat covers the skin; intestinal hemorrhages sometimes arise; and it is at this period also that ecchymoses occur, and eschars are developed upon the trochanters, sacrum, feet, and genital organs.

From what I have already said of the progress and signs of typhoid fever, and from the cases that you have had an opportunity of seeing daily, you are, I trust prepared to admit that it is an essential and distinct disease; and, what is equally if not more important, able to distinguish it from the other affections with which it has often been confounded.

Although this would be the proper place to speak of the terminations of typhoid fever, I believe it preferable first to develop my opinions of its character or essence, since this study will serve to throw much light upon, if not to explain, many of the peculiarities of its terminations, which have not yet been correctly understood. What, then, is the character, or, in other language, the nature of typhoid fever? The solution of this important question requires, first, that we establish the seat of the disease, or that we determine the organ or organs principally affected. There are two ways of doing this—by cadaveric inspection, or pathological anatomy; and by the examination of functional lesions or pathological physiology.

What, now, does the dead body teach us? What lesions do the different organs of the body present? In the two bodies that have been examined in your presence you have had a complete anatomical table of the disease.

In the cranium we found a slight serous infiltration within membranes, and especially in the pia mater, which appeared in some points somewhat congested. The arachnoid presented nothing abnormal, though in some cases it is more opaque than in health, and offers traces of phlogosis. The vessels appeared slightly injected, though not more so, or, indeed, quite so much, as in many other diseases, unaccompanied by any cerebral lesions whatever. The substance of the brain is entirely healthy, save, probably, a slight increase in its consistency. In no portion of its structure have we met with either red or diffluent softening, suppuration or effusion; in slicing it, however, it has always appeared speckled with small drops of blood.

These, the ordinary physical lesions of this organ in typhoid fever, are hardly ever met with in the brain of persons who have died of disease in which the brain has borne no part. We have never found them in the same degree, except in cases of rheumatismal metastasis upon the encephalon. Certainly these fall very far short of explaining the cerebral phenomena of the disease, and still less the death which so often proceeds from the brain when it takes place towards the end of the first week or in the course of the second week.

In one instance only have we examined the medulla oblongata. The slight injection and infiltration which we found, and which have been observed by others, throw no additional light upon the seat of the disease. It cannot be located there.

The inspection of the nerves has never revealed anything to us abnormal. On the part of ganglionic life, the heart has offered nothing noticeable. We are unable to confirm the observation of certain authors who profess to have found a species of softening in the tissue of this organ. The appearance of the arteries and veins has been alike always normal. So much cannot be said of the

capillaries. This portion of the circulating apparatus has appeared to us always more or less congested, especially in the first two, and sometimes in the third week. This explains why, at this period, the conjunctivas, lips, gums, tongue, palate, and entire length of the mucous membranes, are injected. This is the reason why the parenchymatous organs, which are largely supplied with capillaries, such as the lungs, spleen, and even the liver, are generally congested and someties softened. It is also owing to this cause that the cellular tissue preserves its fullness and roundness during this period of the disease. And it is also, perhaps, to this condition of the capillaries that we may, in part at least, attribute the hemorrhages, and especially the cutaneous and intestinal eruptions of which we have spoken. It is necessary to observe, however, that too much importance must not be attached to this phenomenon; for there is in these eruptions something more than a pure and simple effect of capillarity; there is something special which can be explained only by a vital modification altogether peculiar. This state of capillarity alone does not constitute the disease. Death is rarely the consequence of it; this occurs only in cases which we shall presently indicate to you.

We have already described the rose colored, lenticular spots of the integuments. It is necessary to remark, however, that although this eruption is peculiar, and, when it exists, is pathognomonic, it does not fix the disease in the integuments, much less constitute it, since it is never present from the beginning, and is sometimes entirely absent during the whole progress of the disease. Further, of what importance, what part can these rose colored patches perform in the production of typhoid phenomena?

The morbid condition of the intestinal mucous membrane, and especially of the inferior portion of the ileum, is of much greater importance. The intestine of No. 13,

which is before you, presents a union of all the various lesions that have been pointed out; the figured patches, grey and hard; the reticulated and soft patches; the congregated pustules, the scattered follicles, the black spotted patches; and, in many points, ulcerations, some formed, others commencing; while portions of the figured patches appear to be affected with gangrene, and form strips or flaps still adherent, but floating and ready to be detached. Is this gangrene, as the greater number of authors have asserted? No; it in no wise resembles it. This pustular eruption, analogous to the pustular eruptions of the skin, presents in its structure a diseased portion, which, in most cases, becomes detached and falls off. If it were not in a situation moistened by liquids, it, as the eruption on the skin, would dry up; but the mucus which continually bathes it softens, and, in the end, detaches it. Let not the perforation of the intestine be urged in proof of the gangrene. It is sufficient to overthrow this, to refer you to what is going on at this moment in many of our smallpox patients.

We have repeatedly called your attention to every variety of termination of pustules. Some, while still but slightly developed, dry up and disappear in some degree by resolution, without appreciable detritus. The greater number, however, form a thick crust, which, at its fall, reveals the participation of the dermis in this pitted cicatrix, which proceeds from a loss of substance. Among some of the patients, you have seen the ulcerated dermis traversed throughout its entire thickness by the cicatrix; while, in a smaller number, the pustule involves in its formation the sub-cutaneous cellular tissue, and at its fall leaves an ulceration of considerable depth.

Now what you have seen in smallpox, occurs in like manner in the typhoid eruption of the intestines. This eruption, as a general rule, is constant, though it is not always so extensive nor so varied as you now see it.

There are often but two or three figured patches, or a few scattered pustules, so that this form of intestinal lesion may be regarded as pathognomonic, in as much as since the time of Rœderer and Wagler, who were the first to distingush it, and especially since MM. Petit and Serres, who gave it the name of entero-mesenteric fever, down to the learned researches of MM. Bretonneau, Louis, Chomel, Forget, etc., it has been made, so to speak, the battle field of typhoid fever, many authors having located there the entire disease; some under the name of dothinenteritis, while others called it follicular and capillary enteritis. Although perforations of the intestine occur, as we have said, most frequently at the onset, they are sometimes affected through an ulceration which at first, occupies but a portion of the thickness of the intestine, and which gradually corrodes it, whilst it sometimes happens that the base of the ulceration is suddenly destroyed by a strain or the passage of some intestinal matter.

It would be erroneous to deduce from what we have said, that it is impossible for the disease to terminate by gangrene of the intestine. We know that gangrene sometimes supervenes from the intensity, and oftener, from the malignity of the inflammation, but we have desired to call your attention only to what most generally occurs.

However much disposed we may be to regard this lesion of the intestine as an apanage of typhoid fever, we nevertheless do not believe it correct to place the entire disease in this eruption. No; typhoid fever is not, and cannot be, a simple dothinenteritis, a follicular enteritis.

In the cases most commonly met with, the digestive tube is not diseased to the extent of producing death, nor even the pathological phenomena of the disease. Furthermore, this eruption never exists at the commencement of the disease. A greater or less length of time always elapses before it makes its appearance. How, then, un-

der these circumstances, can this local lesion be the cause of the other accidents? Would this not be to admit an effect without, or at least before, a cause? If we found the opinion upon the fact that, at a later period, these patches are the cause of ulcerations which produce death, we attribute to them a part which is not properly theirs, as we shall presently see.

Let us pass now to the pathological condition of the mesenteric glands, which are found in this disease of every known condition, varying in size from that of a pea to that of a nut; in color, from an inflammatory rose, to the dark red bordering upon gangrene; from the first traces of purulent infiltration to the almost total dissolution of the tissues of certain of them. Their lesion, however, is neither so constant nor so important as that of other tissues or organs; it is always secondary, and is always the effect of the disease of the intestine, unless they (the mesenteric glands) were previously diseased, because of tubercles, scrofula, or some other lesion. However valuable these anatomical data may be, especially those relative to the encephalon, capillaries, and follicular eruption of the intestine, they are insufficient to explain the disease, to give the key, to enable us to locate it exclusively in a single organ, and are still less competent to reveal to us its nature. Let us see, now, if we shall be any more fortunate in the province of physiological pathology, and if, in associating it with anatomical lesions, we shall be able to arrive at a satisfactory solution of the question. You are aware of our great confidence in pathological physiology. This language of the diseased economy, this cry of the suffering organs, never deceives us. It is an *effect*, and in proceeding from the effect to its cause, we arrive by the analysis of the fact, or of the morbid act, at the cause, at the organ, and the lesion of this organ. Now, then, what have we observed in typhoid fever?

On the one hand we have cerebral phenomena of the highest interest, since they can proceed but from an organ profoundly diseased; since they are capable of producing and often are the cause of death. It may be asked if the encephalon does not execute these acts by a sympathetic reaction received from other diseased organs since it presents itself such insignificant physical lesions? If the cerebral phenomena were but the effects of a reaction upon the brain, they would be neither so uniform nor so unequivocal as they are; they would be varied, as are all the phenomena of sympathy or of reaction of any organ whatever upon the brain. Furthermore, this viscus would not be so seriously compromised as it is, and especially would it not be so frequent a cause of death. It is only in exceptional cases that this organ is so dangerously affected when merely the effect of sympathy. Hence there must be something besides the effect of reaction, something more than sympathy; it must itself be diseased. Such is the logical and necessary conclusion at which we arrive by this physiological reasoning. It can no longer be doubted that the brain is diseased, and it is because of this that it performs the vitiated acts which depend upon it. But is it alone diseased? Does it alone constitute the disease? This is what we now proceed to inquire.

We know that the capillary system is extensively involved, and we have attributed to this a number of phenomena, both on the part of the skin, mucous membranes, and substance of certain parenchymatous organs. Universally disseminated, it may operate universally in carrying its action and its influence into all the tissues. And yet, without denying the active and considerable part that it bears in typhoid fever, we are very far from esteeming it the seat or sole agent of the disease. It is not this which produces the cerebral accidents, for, in many instances, the capillarity of the brain is found augmented without the

existence of any typhoid symptoms. Nor are the variations of the circulation to be attributed with any more reason to this cause, from the fact that it frequently happens that much greater capillary congestions exist without the heart presenting these anomalies. Finally, it cannot be this which occasions dothinenteritis, since it is often the case that the intestine is the seat of more extensive congestions, which do not produce it when the typhoid poison is not the cause. This condition of the capillaries, however, merits our most careful attention, because of the important part it plays; but it constitutes neither the exclusive seat of the disease nor the agent of its phenomena.

ART. III.—*An Anomalous Case.* By WILLIAM H. MILLER, M.D., of Louisville, Ky.

Susan Curle, aged five years, previously a very healthy child, was attacked, on the 17th of March, with nausea and vomiting, which continued for several days. It then ceased for the time, and an eruption resembling measles appeared, which faded away in three days afterwards. The throat then became swollen, and she had a cough, with pain in the chest, which readily yielded to an expectorant mixture. The child appeared well at this time, with the exception of loss of appetite and occasional vomiting, which continued to recur every few days.

April 11. Visited her for the first time, and found her with considerable fever, cough, and pain in the right side, coated tongue, and constipation of the bowels. No special affection of the chest was discovered by auscultation or percussion; but a very careful examination could not be made on account of her excessive irritability. A mercurial cathartic was prescribed, to be followed by infusion of

senna. The next day she had less fever, the purgative medicines having operated well; but she still had cough, and complained of pain, referred rather vaguely to the right side. A simple expectorant mixture, containing squills and antimonial wine, was directed, and the mercurial purgative at night. She was not visited the next day, but on the day following (14th) she still had some fever, and her tongue was coated. The expectorant nauseated more than was intended, and had been discontinued on that account. Her cough had, however entirely ceased; she had frequent inclination to urinate, but voided very little—the urine being of a pinkish color, as if slightly mixed with blood. Spirits of nitre, twenty drops every two hours in watermelon seed tea, was directed, and the bowels to be kept open with castor oil. On the 18th, my attention was directed to a dark spot, which had made its appearance on the outer side of the left leg the day previous, to which a poultice of powdered slippery elm bark had been applied by the mother. A similar spot now appeared on the outer part of the right leg, and spread rapidly towards the knee and ankle, and around the limb. As these spots were the most striking features of the disease, I will endeavor to describe them fully: At their first appearance, they were not larger than a quarter of a dollar, of a dusky red color, and unattended by heat or swelling; they soon became *black*, and vesicated here and there; the surrounding parts also became swollen and tense; the vesications, when punctured or clipped, yielded a bloody serum. Alcoholic tincture of iodine was freely applied to the black spots and the adjacent healthy skin; cloths wet with a liniment of olive oil and lime water were likewise applied; the iodine was directed to be used again at night, and ten grains of Dover's powder, to be repeated, if necessary, to allay pain and procure sleep. The iodine appeared to check the progress of the affection upon the leg; one of these

spots then appeared upon the right arm, and spread in the direction of the wrist. It was also apparently controlled by the iodine; but on the 23d black discoloration attacked the pudenda, and spread thence to the nates, and upwards upon the back, as high as the shoulders. Directed a mixture containing one grain quinine every two hours. The progress of the inflammation in this last direction was not at all arrested by the tincture of iodine, although repeatedly and freely used. In the afternoon her countenance was remarkably pale, with a slight greenish tinge, expressive of great suffering, pulse rapid and feeble; she manifested great irritability of temper during the day; the desire to urinate became exceedingly frequent, which was performed with great difficulty and pain; the urine still maintaining its bloody appearance. Directed the free use of wine whey; but she died that night about ten o'clock, having had numerous spasms before the fatal event.

April, 1849.

Art. IV.—*An Account of some Rare Cases of Disease.* By W. L. Sutton, M.D., of Georgetown, Ky.

As the cases herein detailed, excited in me much interest at the time, and as they afford some matter for reflection, I think proper to lay them before the profession.

Some time in June last, Meacham Webb, of this vicinity, lost a cow by some disease which excited little attention, except as to its sudden occurrence. The cow was skinned and hauled out into a clover field, in which was a lot of hogs. Within a few days he lost thirty of his hogs. Still no importance was attached to

the circumstance, because he "knew that carcases would frequently kill hogs in hot weather." Some weeks now intervened, during which the cattle seemed healthy; they then commenced dying with considerable rapidity. It was now observed that one would quit chewing her cud; stand drooping; presently would appear a slight swelling of the throat; trifling running from the mouth and nose; thick, heavy breathing, drawing up of the abdomen, and shrinking of the body. The respiration would become more and more laborious until death, which occurred in from ten to thirty-six hours from the time when the first symptoms were observed. Convulsions invariably preceded death, and the body soon became very much swollen. A yoke of oxen was worked until noon, when one of them was observed to be unwell. It was turned out, and died in about two hours. A cow would be milked at night, being to all appearance entirely healthy, and found dead next morning. No animal after it was observed to be unwell, recovered.

During the prevalence of the epizootic, the cattle were changed into different pastures, in some of which there was pond water, in others running water, without benefit. The cattle were not fed at all, the pastures being fine.

The early part of summer was dry, but the latter very wet. The last of the cattle died about the 12th of September, and a horse on the 17th, affected very much in the same way. In all, twelve cattle and two horses died. All the cattle were skinned, and, after the first, burnt. But three were examined internally, two by the negroes in presence of Mr. Ford, and one in the presence of Mr. Webb. Mr. Ford reported the spleen to be much softened. Mr. Webb did not observe any appreciable lesion in the spleen or any other organ. If there had been any malignant pustule on the cattle, it could

scarcely have escaped detection while they were being skinned.

On the 15th September, William, a negro man belonging to Mr. Webb, and who had assisted in skinning all the cattle, came to my office with an ulcer on the outer part of the forearm near the elbow, something larger than a quarter of a dollar, in which was an eschar black in the center, having a diameter something more than half that of the ulcer, the circumference of a dirty white. The sound skin came up to the ulcer in a regular circle, edges smooth and round; the skin being separated from the subjacent tissue at different points of its circumference, from a half to one and a half inches. Between the eschar and the skin was discharged a considerable quantity of ichorous fluid, through which bubbles of air frequently arose. The arm below the elbow was very much swollen, having a hard brawny feel, not very painful. He informed me that his arm had been much more swollen up to the elbow, and painful—that about two weeks before, he had been quite sick; at which time, a small blister was observed at the point now occupied by the ulcer. I also subsequently learned that Dr. Desha had seen him at the time, bled him freely, and gave him a dose of calomel, which had afforded him very decided relief. He had also directed the blister to be covered with calomel, and the arm to be poulticed. Reflecting that the swelling of the arm was said to have subsided considerably, I thought it altogether likely that the arm would go on to get well without any material change of treatment; yet I deemed it proper to advise it to be cauterised. The master concluded to defer it, at least until the next day.

On the 16th, the arm presented very much the same appearance, except that the surface of the ulcer was thought to be somewhat larger, and instead of ichor, it was freely discharging dissolved blood, through which

particles of air still escaped. The eschar was separated with the knife, which left a space that would have received the large end of a hen's egg to about the middle. A circular bar of iron, corresponding in size to the ulcer, was heated to a white heat and applied in the presence of Drs. Paxton, Barclay, and J. Sutton, some of whom thought that from the depth to which the iron went, the bone must have been burned. Such, however, was not the case. We intended to incise the skin from the edge of the ulcer at right angles, so as to admit applications between the skin and cellular membrane as far as they were separated. In making the first, it was carried a little farther than necessary, and a vein was cut which bled very freely. Being not without fear of bleeding in such cases, I instantly put my finger upon it and restrained the hemorrhage until the cavity was filled with Peruvian bark, and a bandage applied up to the elbow. Nothing unusual or unpleasant occurred afterwards; the swelling subsided; and the sore healed as soon as could reasonably have been desired.

On the evening of the same day upon which William was cauterized, I was desired to visit the two children of R. F. Ford, Esq., son-in-law to Mr. Webb, who had had his residence at Mr. W.'s house, during nearly the whole time the cattle were suffering. Of this fact, I was not aware for nearly a week after my first visit.

Benjamin, the older boy, had been taken on the 9th with what was judged by Dr. Desha to be measles. There was said, however, to have been no hoarseness, sneezing, or redness of eyes, and but little cough. On the 14th, some swelling appeared about the angle of the left lower jaw, which increased in size rather rapidly. The child had always been delicate and leucophlegmatic in temperament; and at the time of my visit had some fever, which his father represented as having been uninterrupted from the beginning. The cutaneous eruption

had disappeared. The tongue was neither red nor dry, but presented the appearance of one in a case of mild scarlet fever considerably advanced in convalescence: rather smooth, the velvety appearance gone, papillæ enlarged. Very considerable swelling at the angle of the jaw, presenting the appearance of those which occasionally occur towards the close of bad cases of scarlet fever, bilious fever, dysentery, etc., which are frequently ascribed to the too free use of mercury. This child had taken no medicine of any kind. Wishing if possible to prevent suppuration, I applied a blister on it immediately. By the 19th the swelling had increased considerably, and on the part then most prominent, which however, had not been covered by the blister, was a darkish spot. Here was a collection of ill-looking thin pus under the cuticle; it was opened, and this with a small quantity of good looking pus was discharged, altogether not exceeding a tablespoonful. Sloughing immediately commenced and progressed steadily but slowly till the 23d when he died. For two days before death there had been considerable cerebral symptoms. He also had considerable diarrhea, and for twelve hours occasional vomiting of grass green matter.

Meacham, the younger child, two years old, at my visit on the 16th, had considerable fever; pulse quick; respiration between fifty and sixty; skin hot and dry; on the abdomen were a few red spots not elevated. His tongue presented the same appearance as Benjamin's. He had, upon the upper part of the right thigh, a considerable swelling, which extended from the fold between the abdomen and thigh nearly to the knee. There was nothing in its appearance to distinguish it from that inflammation which precedes an ordinary large abscess. This swelling had been observed on the 12th, and it was said had progressed very slowly. Under the hope that this

might be discussed, it was directed to be rubbed with volatile liniment containing laudanum, and hot flannels applied frequently. No improvement having taken place, on the 18th the thigh was directed to be poulticed to promote suppuration.

19th. Upon removing the poultice a small depression half the size of a split pea was observed, as if some hard substance had been interposed between the poultice and thigh. There was now a slight tinge of the blue observable on the surface of the swelling.

On the 20th, the small depression, before mentioned, had ulcerated. This was immediately over the femoral artery at its exit from the groin. This ulceration progressed steadily but slowly until death, which took place on the 4th of October.

Poultices of oak bark, of Peruvian bark, lotions of kreosote, of laudanum; applications of castile soap, producing no impression, lunar caustic was applied, followed by bandage from the toes up, on the 24th of September. The bandage and accompanying dressings appeared to exert a beneficial influence upon the swelling of the thigh—the swelling diminished somewhat, the hardness abated at the surface, but it was very evidently deeper; the skin improved considerably in color and appearance, but as before mentioned, the ulcerated surface continued to enlarge, and never afforded a decidedly healthy looking pus except on the morning of the 1st October. As a drawback upon the benefit resulting from the use of the bandage, that portion of the abdominal surface which was below the turn of the bandage around the body, on the right side, began to swell. We attempted to remedy this by applying pressure over all this swelled part. In this we failed, as I think, because a slight bending of the thigh upon the body would remove the degree of pressure first applied. The scrotum and penis became much swelled, and ulceration set up above

Poupart's ligament. Under this state of things, I felt myself constrained to remove the pressure from the abdomen, preferring no pressure to that which acted unequally. For several of the last days of life, erysipelatous inflammation of a migratory, evanescent character appeared upon the hips, back, and knee.

On the 2d October, the powers of life seemed to give way, and ulceration progressed very rapidly, so that at death, the sheath containing the femoral vessels and nerve was exposed for an inch and a half. In this case I had the benefit of the advice of Drs. Craig and Winston.

It will be observed that I have said nothing as to the general treatment. Of course that was not neglected; but my present business lies more particularly with the local affection. Suffice it to say, that the general health seemed to improve considerably; the fever, with attendant quickness of pulse and respiration, subsided, and for several days before the 2d of October, we were encouraged to hope that the general improvement of health, and of the appearance of the thigh would eventually check the ulcerative process.

Henrietta, a black girl, nurse to Meacham, on the 16th Sept., had a tongue entirely similar to that of the two children. She also seemed bloated, as is frequently the case after scarlet fever. She had been complaining longer than the children, and was supposed to have had the same disease; swelling of the feet and face, however, had been among her earliest symptoms. She had never been entirely confined, and was thought to be improving until the 19th of September, when, without any assignable cause, she commenced trembling, had an impression that she was about to die, and talked rather sensibly upon that subject for a negro of her age. She had several paroxysms of trembling, some of which approached closely to convulsions. I found her at my visit apparent-

ly asleep, very much as is frequently the case after an epileptic fit. After she came to her senses, she had no knowledge of what had passed, but complained of some pain in the thorax, had some cough, and indeed seemed to have a slight attack of pneumonia, from which she slowly recovered.

David, aged four years, was complaining on the 22d of September; had the same kind of tongue as the three preceding cases, some tumefaction of the abdomen and swelling of the feet, slight cough. Under the impression that he had worms, I directed him to have a mercurial, to be followed next morning by a vermifuge.

23d. Was thought to be better; did not see him; went to bed lively, but was discovered about midnight to be stupid. I saw him at 2 o'clock, A.M. of 24th; entirely insensible; pulse 180, as near as I could determine; belly distended. Had taken a dose of calomel before my arrival. Supposing that he had eaten something improper, gave him, in different portions, about two drachms of ipecac., which produced no effect. He subsequently took about a scruple of calomel, and had blisters to the neck, epigastrium, ancles, and wrists. During the day he had several discharges from his bowels of bright spinach color. In this and the previous day he passed a few lumbrici. He died at 4 P.M., on the 25th.

Twenty hours after death examined the body in presence of Drs. Winston, Craig, Paxton, and J. Sutton. In turning down the scalp, there was an extravasation of blood near the sagittal suture as if he had been lately stricken there. There was no fracture and no injury corresponding thereto on the inside of the cranium. The superficial veins of the brain were loaded with blood, but the brain did not seem to be the seat of inflammation. Very little water, if any, in the ventricles.

Thorax.—Heart and lungs healthy.

Abdomen.—The stomach, liver, spleen, and bowels all appeared externally healthy, but upon opening the stomach, almost the whole internal surface was found highly inflamed. The gall-bladder was also much distended with spinach colored bile.

I presume there will be little doubt that the case of William was one of malignant pustule. It will be observed that bleeding and purging, so much dreaded on the continent of Europe, were followed by marked relief. The man expressed in the strongest terms his sense of amendment after the application of the cautery, and the healing went on as rapidly as could be expected for a wound of that depth.

A grave question presents itself as to the other cases detailed above. Were they, or any of them connected with the diseased cattle? All the persons had been living on the farm nearly the whole time of the epizootic. We know that the flesh of diseased cattle is capable of producing the malignant pustule, and perhaps other grave affections. But no flesh from either of these animals had been eaten save by the hogs. Is the milk of a diseased cow capable of communicating the affection? I do not know of any authority upon this point. If these cases were at all connected with the epizootic it must have been through the milk. During the time three milch cows died, but no one was milked after it was known to be diseased. Indeed I am of opinion that none of them were known to be diseased until they were found dead. Add to this, Benjamin, the older child, was in the habit of eating but little milk. It will be remembered that Dr. Desha considered the two children as affected with measles. The swellings, too, had nothing to distinguish them from those of ordinary abscesses, before sloughing commenced; and they had nothing of the appearance peculiar to malignant pustule.

On the other hand, it was a little singular that two children should be affected at the same time with affections so very similar in their course—that course being altogether uncommon, without a community of origin. Was there a mistake in the diagnosis? I have full confidence in Dr. Desha's judgment, yet am I not without misgivings that in this instance it may have been incorrect. In the first place, the origin of these cases was supposed to have been connected with that of an Irshman's child in the neighborhood. This child I saw on the 26th of August and 5th of September. She died on the 7th or 8th. She was said to have had an eruption, but I did not see it; and from the description given did not suppose it to have been either measles or scarlatina. When I saw her last, she had a swelling at the angle of the left lower jaw, which seemed to have nothing peculiar in it, and was said by the father to be perfectly similar to one which she had had some year before. At death this had neither suppurated nor ulcerated.

Again, there was said to have been no cough, hoarseness, or watery eyes, so characteristic of measles. And again, an eruption appeared on Meacham's abdomen in the latter part of his illness, which the family recognized as the same which existed in the beginning. It is not usual to have swellings at the angles of the jaws in measles. I do not remember ever to have seen one; though I certainly know no reason why they might not follow bad cases of measles, as well as those of other forms of fever. But these risings appeared too soon to be the consequence of the fevers—one on the third, the other on the fifth day of illness. There is another consideration not without some weight: there were no other cases of measles in the neighborhood. This could scarcely have been the case had these been measles, as Mr. Webb had a large family of black children, through

one of whom the infection must have been received, if at all. It is right to state, that that one was Henrietta, the subject of the fourth case. To conclude, there was no desquamation of the cuticle, except on the leg which was bandaged.

But say that the children were affected with scarlet fever? Then all the objections above mentioned, except as to the swelling at the angle of the jaw, lie with equal, some of them with more, force. The tongue of each one of the four had the same appearance, and no one of them exhibited the smooth, red, glossy appearance which marks a severe case of scarlet fever—such as would be apt to give rise to glandular swellings. The edematous condition of Henrietta was observed not only when I saw her, at which time it might have been ascribed to scarlatina, although it was full early, but also at the very commencement of her indisposition.

In each of the four cases, there was a slight cough, (in Henrietta's case this was observed before the pneumonic symptoms came on); a perfect similarity of tongue —such as is not observed ordinarily, in the midst of a severe attack of any fever. This state of tongue continued throughout the life of Benjamin, to the last days of Meacham; during the course of Henrietta's attack; and as long as it was to be observed in the negro boy. It was one indicative of intestinal irritation. Accordingly we find in the negro boy, the passing of green stools of greater intensity than those under the use of calomel in cerebral disease; and after death, the gall-bladder distended with bile of the same color; and in addition the mucous coat of the stomach highly inflamed. In Benjamin, the vomiting of the same colored matter in the last days of his life. Meacham also passed green stools in the last days, but his were not of a character so exalted.

Nor must we forget the fact, that although in David the stomach was highly and extensively inflamed, there was not only no spontaneous vomiting, but two drachms of ipecacuanha failed to bring it on. Could this have been the case if the inflammation had been of the simple ordinary kind?

I have said that the ulceration in Benjamin and Meacham had not the characters of malignant pustule, yet I do not know any affection to which they bore a greater analogy than to that; and Dr. Craig very justly remarked that, "although it certainly was not carbuncular inflammation, it looked very much like it."

It may not be irrelevant to state that Mr. Ford is very strongly persuaded that all these cases, of man and beast, were the result of poisoning. He lost four pointer dogs, as he supposes, from the exhibition of strychnine, which in their mode of death resembled the cattle very much; but did not swell their bodies after death.

There were circumstances of a very suspicious character in reference to some negroes of the family; but from the history of the epizootic and of the diseases of the children, we were not disposed to favor his opinion. At the time we examined David we were not aware of any suspicion of foul play respecting him.

November 2.—After I had written this accout to the last two paragraphs, Mr. Ford brought in the fourth dog for examination, giving the following history. "Yesterday I was out hunting nearly all day, the dog entirely well. Upon my return at night, I directed the dog to be fed. It was done in my presence with meat from the table. Some little time after, I went out of the house, the dog went with me and returned with me, but was out of my sight some ten minutes. Upon returning into the

house the dog laid down upon the mat on which he usually slept. Next morning he was found dead, apparently without having moved. He and some others remained in the room until late bedtime, himself all night, no notice having been attracted to the dog.

Autopsy.—The muscles very rigid; the jaws firmly clenched, so as to embrace the tongue between the teeth. *Cranium.*—Some effusion on the surface of the dura mater; the veins on the surface of the brain engorged; a coagulum in the left mastoid cell; blood fluid in the veins. *Thorax.*—Lungs red and engorged with blood. *Heart.*—Auricles on both sides distended with blood, also the right ventricle; the coronary veins much distended on both sides; heart itself very large. *Abdomen.*—Liver large, full of blood; general engorgement of stomach and intestines. Stomach filled with undigested meat; internal surface engorged to near the pylorus. Spleen and pancreas healthy.

The stomach and its contents were boiled and the decoction considerably evaporated and handed over to Mr. Elliott, Professor of Chemistry in Georgetown College for analysis. This decoction was tested with peroxide of lead, as proposed by Marchand, and to Prof. Elliott and some others present appeared to give the blue color indicating the presence of strychnia. I did not perceive it. Several young gentlemen, who did not know what they were tasting, thought they could identify the same taste in the decoction and a very dilute solution of strychnia. I could scarcely say that I perceived any taste in either, but there was an impression made upon my fauces which I should consider the result of an exceedingly faint sensation of acrimony, rather than a taste very much alike. Further analysis was suspended for the present, with the intent that the decoction should be evaporated to dryness, and again tested by the peroxide of lead.

About this time it was considered desirable by the parties most interested, that the analysis should not for the present be completed, and shortly after Prof. Elliott resigned his situation in the college, and has been very much absent. He informed me, however, that he had satisfied himself, by evaporating a portion of the decoction and testing it with peroxide of lead, that strychnia was present.

Without further comment I submit these cases to the reflection of those who may deem them worthy of consideration.

May 15, 1849.

Art. V.—*A Notice of Cholera as it appeared in Louisville in May* 1849. By Theodore S. Bell, M.D.

We hasten to lay before our readers a brief history of epidemic cholera as it visited our city during the month just closed, and in doing so shall avail ourselves of the Report of the Committee of the Board of Health, as follows:

At a meeting of the board of health of Louisville, on the 25th inst., the undersigned were appointed to draw up a sketch of the recent epidemic cholera in this city. In the discharge of that duty, we have endeavored to investigate the subject very fully, and the following is the result of our investigations:

On the 2d of May, it was announced that on the preceding day several cases of cholera had occurred between Main and water streets, as the northern and southern boundaries, and between Fifth and Sixth as the eastern and western limits. The first case was immediately below the summit of the second bank of the river, and in the vicinity

of yards that had received the washings of the ascending ground above them, and which were otherwise not by any means notable for cleanliness. It has been noted, too, as a somewhat remarkable occurrence, that the first cases of 1832 and 1833 were in the same square with those of 1849.

To resume, however, the sketch of the progress of cholera, on the 2d of May three deaths from the disease were announced, and some four or five cases were reported as recovering. On the 3d of May, three deaths were reported as having occurred on Fifth street, between Main and Water, and one death in an alley in the vicinity. On the 4th of May, several new cases were reported and two deaths. It was remarkable, at the time, that the most of these miserable victims had died without having sought or received any kind of medical attention. On Saturday, the 5th, the reporter for the Louisville Courier published that his dilligent inquiries, up to a late hour of Friday night, had not enabled him to hear of a death in the preceding twenty-four hours. From Friday, the 4th of May, up to Monday, the 7th, four deaths were reported from cholera. On the 8th, five deaths were announced. On the 9th, three new cases were reported, but no deaths. On the 10th, several new cases and three deaths. On the 12th, the statement was published, on the authority of a number of physicians, that there was not a case on the preceding day, but on the night of the 13th, it was stated, there were three deaths, two of whom were negroes. On Monday, the 14th, the statement was published that four deaths had occurred since the preceding Friday night, and it was also announced that the disease was still circumscribed in a very limited range. Among the four deaths thus announced, is included that of Mr. D. Marble, who had arrived here on the preceding Friday evening from St. Louis, with the premonitory symptoms of

the disease while on the boat. During all this time, the general health of the city was reported, though there was a great tendency to diarrhea, on the authority of the physicians, to be good. On the 15th, six new cases were announced, and all recovered, except a negro on the bank of the great ditch, in the southern part of the city. From this up to the 21st, diligent inquiry, made daily, resulted in stating that not a death from cholera had been heard of; and on the morning of the 21st, the Morning Courier stated that "there had not been a single death from cholera in Louisville during the week ending at 10 o'clock the preceding night."

On the 22d, a German woman near the river died, and on the 23d and 24th, it was stated that not a case had been heard of in either of those days. On the 24th, the Courier announced that in consequence of the appointment of a board of health by the mayor and council, it should cease making reports on cholera.

On the afternoon of the 25th, the board of health met and reported that they knew of no cholera in the city, and that the general health of the city was remarkably good.

In the published proceedings of the board of health, a request was made of the physicians of the city that they should report all cases of cholera occurring in their practice, to the board of health, and the ordinance requires "that the sexton of the city graveyard shall report daily to the board of health, the interments in said yard, and that the resident physician of the hospital, and the physician to the poor and pest houses shall report daily, to the board, the number of cases of cholera and of deaths therefrom in each institution, and all the particulars of the same." From no one of these sources of information have the board of health heard anything on the subject of cholera, nor have they any reason to suppose that there was anything to report to the board.

They are, therefore, gratified in being able to say that the health of Louisville continues good, and that they know of no death from cholera since their preceding report.

Here, then, we have the remarkable fact in testimony of the healthiness of Louisville, that in the course of twenty-five days, the period of the existence of cholera in this city, in a population of about fifty thousand persons, there were but thirty-three deaths. It may be supposed that all the deaths were not reported, nor are we able to say they were, but the gentlemen whose special duty it was to attend to this business were zealous, diligent, and faithful in the discharge of their duty, and they spared no pains to be accurate and full in their statements. We know that some of the cases enumerated above, were not cases of cholera, and if we make these an offset to possible omissions of some deaths, we shall probably be near the truth.

It is gratifying to know that the intelligent use of those faculties which Providence has given to man, may enable him to guard against the ravages of the destroying pestilence, and that "the evil which springs from the bosom of Nature, only needs for its removal an observance of the rules which Nature herself reveals." We have ample reason, while bowing with grateful hearts to that Providence that has guided us through the pestilence, to encourage us to a steady adherence to those sanitary measures which have been most useful to us. If we maintain the exemption, we have thus far experienced, from cholera, we must maintain that state of things which acts as preventive means.

THEODORE S. BELL,
L. POWELL,
LEWIS ROGERS.

It may be deemed necessary that we should say something of the treatment of cholera in this city. The physicians of Louisville, in addition to numbers of sporadic cases, have had three visitations of endemic cholera, and they have been very successful in the management of the disease. Instead of flying to specifics, they have endeavored to meet the malady upon those principles which science, common sense, and experience have inculcated. The scientific physician, when about to prescribe for a patient must take in an immense field of vision that is unknown and disregarded by the mere routinist. He must, in making up his opinion, take into consideration THE AGE of the patient, and the modifying influence of social condition—THE SEX, and the habits of life — TEMPERAMENT, CONSTITUTION, PECULIARITIES, etc. The present condition of the patient—general appearance, strength, etc. The entire character of the nervous system—general and special sensibility—pain, its characters and intensity—state of all the senses—the condition of the intellect—sleep. THE DIGESTIVE APPARATUS—appetite—degree, perversions, thirst. The tongue, size and shape, color, coat, moisture—nausea, matters vomited—size of abdomen, pain, sensibility on pressure. STOOLS, their frequency and quality. Dimensions, etc., of liver, spleen, kidneys, and bladder. The condition of the RESPIRATORY ORGANS—circulatory organs—state of the SKIN, and of the EXCRETIONS.* These are merely the heads of the topics which every physician must pass in review in making up a scientific prescription, and each of these heads of a subject has various tributary streams, which must be fully explored in forming a judgment as to the condition of the patient. This is but the beginning of the work: the resources of

* See Stillé's Elements of Pathology.

the Materia Medica must then be considered, and the best means selected for fulfilling the indications arising from the pathological views already referred to. And chemical knowledge must be at hand, to provide against the admission of incompatible substances into the prescription.

These mental processes are unseen by the spectator, and are unknown to all but the physician. The immense interests at stake show the importance of relying upon men whose studies, acquirements, and experience, qualify them to prosecute these investigations. It is evident, from these remarks, that while the physician cannot be too well qualified, the patient cannot be too careful as to whose hands he commits his life. Hence, too, the folly of relying upon any specific remedy for any disease—the varying phases of all maladies, must be met by corresponding variations in the remedies used. But it is astonishing with what avidity people swallow all kinds of stuff, when they are frightened by the contiguity of cholera. Humanity shrinks into amazingly small proportions while under the dominion of fear, and men, in their oscillations from the paths of common sense, are much more certain to do wrong than right. They indulge the vain hope that they may guard against the approaches of a powerful malady, by doing all they can to invite its attack. They dismiss the sentinels of reason from their posts, and wander over a trackless waste of darkness without compass or guide. They swallow brandy, opium, lead, and other noxious agents without sense, reason, discretion, or discrimination.

Whenever a terrific and sweeping pestilence commences its ravages, it is surprising to see what flocks of cormorants wing their way to the scene of devastation, to prey upon the credulity, the fears, and the follies of the public. With the most imperturbable mendacity, the

coolest impudence imaginable, and the most utter indifference to all consequences, they announce that they have an unfailing remedy for the disease; that it is suitable for every age, condition, and sex, and for any stage of the distemper, and that its miraculous powers have been hidden from all the human race, but the particular individual who manufactures it. They announce that it succeeds where physicians fail, and that nothing but the purest philanthrophy induces them to keep it secret, and to offer it for sale to a suffering world. These things are an utter abomination, and demand the interposition of law, not to protect medical men, but the public, from these designing sharpers. They do infinite harm, and can do no kind of good.

In the midst of a great conflagration, or near the scene of a wreck, we see philanthropists of the same stripe we have described as hovering over the ranges of a destroying pestilence. These characters are busily engaged in saving all they can lay hold of from the devouring elements, and are filled with an amazing love for the human race, whose entire boundaries are contained in—self.

In the report of the board of health, the statement is made that the miserable victims of cholera in the neighborhood of the river died without seeking or receiving any medical attention. Each Samaritan who rushed to the scene of misery went armed with his particular nostrum, with which he advised the patient to combat a malady, that often baffles all the resources of medical art, and the stomach was filled with the frightful products of a heartless empiricism, that cared for nothing beyond meddling with what it knew nothing about.

In the generality of cases treated by the physicians of Louisville, the treatment has been attended with the most gratifying success. The rate of mortality has been unusually small, and it has been so on account of

the judicious, energetic, and discriminating character of the remedies employed. These have varied according to the circumstances we have named, as operating upon every scientific physician in making up his judgment upon each individual case. No routine system of treatment has been resorted to among the physicians of this city.

The plan usually adopted in the very early stages, is to give calomel, in doses varying from ten grains to ℈j, combined with small portions of powdered opium, black drop, or laudanum. Sometimes the saccharum saturni is added. If there is great irritability of the stomach at this stage it is combatted best with small portions of calomel and black drop, given at short intervals. In some cases where calomel, in doses of ten grains every two hours, was given with one grain doses of opium, and where the failure to relieve was decided, we have seen the best results flow from giving calomel in three grain doses, combined with three drops of the acetated tincture of opium, every fifteen or twenty minutes. Some cases have been saved in this way that were rapidly running into collapse, under the use of larger doses given at greater intervals. We think, however, that the opium should be used with all possible moderation, and that its employment should be dispensed with as soon as it can be with safety to the patient. We prefer doing without it in all cases where it can be safely omitted. The free use of it in cholera is not attended with a very gratifying control over the disease, nor with any very flattering results in the stage of convalescence. But we consider calomel the sheet-anchor of the treatment, and feel sure, reports to the contrary notwithstanding, that no other treatment of cholera has ever been so successful. In a conflict between the testimony of others, and the evidence of our own senses, we unhesitatingly prefer believing the latter. We have heard much vaunting of

the triumphant use of other means than mercurials, and we have seen many efforts at doing without calomel in the treatment of cholera, but we have yet to see the first evidence of a result that would tempt us to lay aside its use. That this great remedy is often used improperly, indiscreetly, and disastrously, is certainly true, but these facts are not to be considered as having any bearing upon the proper use of the medicine. It is contrary to the rules of philosophy to argue against the use of anything on account of the abuse of it. Nor are we compelled to believe all we hear or read. An ample experience in the cholera of 1832, 1833, and 1849 in Louisville, furnishes us with the most conclusive evidence of the safety and value of the remedial powers of calomel, nor do we know of anything that shakes the proof. We are not wedded to that remedy, and when we see anything that is to be compared with it, for a controlling influence over cholera, we shall cheerfully adopt it. The proximate cause of cholera—that which when present causes the disease, which when changed, changes it, and which when removed, removes it, is an inactivity of the liver, kidneys, and skin, and great irritability of the stomach and bowels. In the whole range of the Materia Medica we know of nothing that exerts the power, in this state of things, that calomel does, when combined with small portions of opium or black drop. The enlightened physician will always remember that he is using powerful means to subdue disease, not the patient, and he will cease the use of such means at the earliest moment he can, with safety to the patient. Calomel is essential in the treatment of cholera, but it is not necessary to use it in such enormous quantities as are sometimes given. In not a limited experience, we declare, that we have never seen a case of undoubted cholera recover without the administration of calomel, nor have we ever seen any disastrous consequences as the result

of its use. We do not undertake to say what others have seen; we speak only of our own experience.

In the initial stages of cholera, of which we have thus far spoken, the recumbent posture, steadily maintained, is a *sine qua non;* the feet should be bathed in mustard water, and the abdomen should be covered with a mustard plaster. In some obstinate cases of diarrhea and suppresion of urine, we have seen uniform good effects from the application of mustard to the spine, throughout its entire length.

But it is not often the good fortune of the physician to see a case at this early period of the development of the disease. He is not often called in until the vomiting, diarrhea, and spasms have become very urgent. At this stage the powers of life are rapidly waning; the fluids are in swift retreat from the surface to the interior of the body; the skin is cold and clammy; the pulse is sinking; the respiration is labored; and everything denotes that collapse is approaching. In this state of things whatever is done must be done quickly and with energy.

The course found most successful here, when collapse is approaching, is first: the extensive application of sinapisms of mustard—they should be applied dry to the feet and hands, arms and legs. The mustard poultice to the spine and abdomen is invaluable, and lumps of unslacked lime, wrapped in *wet* cloths, laid around the patient underneath the bed-clothes, have a speedier and finer effect than any other method of applying heat we have ever known. In the most of such cases there is no time to lose in waiting for hot bricks, nor are bottles of hot water very eligible. The lime, wrapped in wet cloths, commences its activity immediately, and we have seen it restore the capillary circulation in cases where its return seemed utterly hopeless.

These are the first and most important methods of treatment in these desperate circumstances. The next

thing to be done is to administer calomel in from ten to twenty grain doses, with black drop in doses of ten or fifteen drops, and thirty drops of camphor dissolved in chloroform. The latter is made by dissolving ℥iij of powdered camphor in ℥i of chloroform. It is rarely necessary to repeat the camphor and black drop, and we have rarely ever seen any remedy that exercised a more certain or more potent influence over congestion than this camphor and chloroform. We have repeatedly seen this solution rouse the system from the profoundest torpor, and in which we have uniformly met with failure in the use of all other means.

After the capillary circulation is once more in healthful action, the liver must be relieved by those judicious measures which are in the hands of all intelligent practitioners. It should never be forgotten that the resources of medical science are ample for the control of cholera, and if they are properly applied, they cannot fail to triumph over this deadly distemper.

We intended to give a detail of several interesting cases that have occurred in this city, but we find that we have not sufficient space for them in this department of the Journal, for this month. We shall endeavor to present them to our readers in the July number, in order to illustrate the value of the means of cure we have indicated.

We will only add, that since the report of the board of health, on the 25th, no death from cholera in the city has come to our knowledge.

May 31, 1849.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

Report of the Committee on Hygiene of Paris, in view of the approach of Cholera.—The reappearance of cholera within the last year, both in this country and Europe, has called forth so many and such ably written reports touching the most efficacious hygienic measures to be adopted during the reign of the epidemic, that we have deemed it proper to omit the portion of the report of the Paris Hygiene Committee which relates to this subject, and translate only the section entitled—

Conduct to be observed by persons attacked with Cholera before the arrival of Medical aid.—Cholera is a non-contagious disease, not communicable by contact, and we may, consequently, afford, without fear, to persons laboring under the disease, the aid and attention which their situation requires.

It is to be desired that this opinion, the result of the most extended experience, acquired during the epidemic of 1832, and since, both in this country and other parts of Europe, where cholera has prevailed, may be made known to all classes of the people, because of the security which it affords the sick in dispelling a fear as unfortunate as groundless.

It should, however, be inculcated with equal force that, if experience has superabundantly proved that simple contact, and even constant association with individuals laboring under cholera, are incapable of developing the disease, it is not the less a fact that, during the prevalence

of epidemics, the accumulation of the sick in narrow, damp, badly aired situations; in a word, in improper hygienic conditions, may greatly favor both the intensity of the disease and its extension into adjacent localities. The interests of the sick no less than the public weal require that persons suffering from cholera should, when occupying unhealthy habitations, be removed to more salubrious situations, since, under such circumstances, the aid afforded there will be more efficient and diminish the liability to the spread of the disease.

Experience teaches that, during epidemic cholera, derangements of the digestive functions prevail to a considerable extent; these derangements, ordinarily slight, do not constitute cholera, but may lead to it when neglected; hence it is of the greatest importance to prevent or correct them the moment they appear.

Every one attacked with pains in the stomach, colic, or diarrhea, should, before every thing else, and when even these symptoms seem to be of no gravity, pay great attention to the character of their food, diminish the quantity, or even abstain entirely, according to the urgency of the case; fatigue, cold, and humidity should be carefully avoided; the individual should go warmly clad, wrap the abdomen in a flannel jacket, with the view of preventing, as much as possible, this part of the body from becoming chilled, and drink some mild infusions of tea or of slightly aromatic plants—*sage, chamomile, garden balm, etc.*

Where the indisposition does not promptly disappear a physician should be sent for immediately.

It is very seldom that the attacks themselves of cholera are not ushered in by certain precursory symptoms; these are of the same nature as those just alluded to; they affect especially and primarily the digestive apparatus, that is to say, the stomach and bowels; and both these first symptoms and the disease itself are most easily, when most promptly, treated. In general, in this first period, the disease is not rebellious to well directed attentions; promptitude of succor is here the prime element of success, and, as this succor may be dispensed by any intelligent person, it is desirable that there should be constantly at the doors of the prisons, asylums, schools, in the poor and populous quarters of the city, a person, such as

a sick nurse, or even a person a stranger, by profession, to waiting upon the sick, but intelligent, who would give the earliest attentions while awaiting the physician.

If the prescriptions, more hygienic than medical, indicated above, are not sufficient to arrest the derangement alluded to; if the diarrhea persists, the pain augments, and, especially if superadded to these there be vomiting, chilliness, coldness of the extremities; or if even these symptoms declare themselves abruptly without any precursory sign, as is the case with certain individuals, the proper course to pursue is to put the patient into a warm bed immediately, between blankets; to apply hot bricks, or bags of hot sand, or bottles of hot water to his feet, and warm napkins to the abdomen and stomach; to rub the extremities with flannel impregnated with some stimulating substance, as alcohol, brandy, oil, or spirits of camphor; to administer, at intervals of thirty minutes, warm drinks, gently tonic or aromatic, such as infusions of tea or of chamomile; to recall warmth to the extremities by means of cataplasms of ground flaxseed sprinkled with a small quantity of mustard; to avoid all cause of chilliness; to give very small injections of rice water, starch, or decoction of marsh mallow, to which should be added a decoction of poppy heads; it is better, if the patient is unable to retain it, to give a second, or even a third, than to give at one time a full injection, which would be with difficulty borne.

When to the preceding symptoms are joined pains in the head, cramps in the limbs, the persistence or extension of cold over a large portion of the body; if the tongue becomes cold, the eyes sunken and surrounded by a dark circle, the skin bluish upon the face and hands—these indications of great gravity in the disease should not cause the neglect of the means which we have pointed out, but, on the contrary, should be a reason for applying them with greater energy and perseverance until the physician, who should be expeditious shall arrive. Those who are first at the bedside should not be discouraged if the use of the means we have pointed out do not appear to effect any decided amelioration in the condition of the sick. The object which they should have in view is, to restore warmth to the patient, to re-establish the circulation and movements of the heart; and this result is not

ordinarily attained until after the lapse of a considerable length of time. It is, therefore, indispensable to persevere uninterruptedly in the employment of these means, until we bring about the return of the natural heat of the body, which indicates a reaction that, as a general rule, is favorable.

It is in this period especially that it is of the greatest importance to confide the patient to the hands of a physician; the indications to be fulfilled being, from this moment, no longer understood by any other than the medical man, it would be useless and even dangerous to give for this stage of the disease instructions which would not be comprehended and which might be misinterpreted.

Committee.—Magendie, president; Aubert Roche, Royer Collard, &c., &c. D. W. Y.

Oil of Naphtha in Diarrhea.—The *Gazette des Hopitaux*, published in September last, contains a letter which speaks in very favorable terms of the efficacy of the oil of naphtha in the treatment of cholera and choleric diarrhea, as they prevailed in the Caucasian division of the Russian army during the summer of 1848.

Dr. Lavirotte, of Lyons, who has since used the oil in diarrhea, publishes the results of his experience in a late number of the same journal.

Of ten cases in which he administered this remedy, the disease notably abated or entirely disappeared in eight, in the course of twenty-four or forty-eight hours; whilst in only two was there no perceptible amelioration.

Cases I and II. Two phthisics, who presented caverns at the summit of both lungs, were tormented by sweats and an abundant diarrhea. Six drops of the oil of naphtha in an infusion of peppermint was administered to each. The diarrhea disappeared in twenty-four hours. At the end of two days the use of the remedy was suspended. The oil of naphtha and of petroleum have been much vaunted in phthisis pulmonalis. We must, however, in truth avow, that the two patients just referred to derived no other advantage from the use of the former than the arrest of the diarrhea. The progress of their disease was not retarded; they died, the one in eight, the other

in ten days after the administration of the oil of naphtha, without the diarrhea reappearing.

Cases III, IV, V, VI, VII, and VIII, relate to patients laboring under typhoid fever complicated, with excessively copious diarrhea, in all of whom the discharges were very promptly arrested by the use of oil of naphtha in doses varying from six to twelve drops.

The disease proved intractable to the oil of naphtha and many other remedies in case No. 9.

The second instance in which the oil was inefficacious, was that of a man laboring under intermittent fever, complicated by œdema of the lower extremities and diarrhea. Opiates and astringents had failed, and after a fair trial of the oil, it was relinquished. The disease finally yielded, as it so often does in like cases, to tonics and a restorative regimen.

Thus, in eight cases out of the ten, in which the remedy was administered, it proved successful—the diarrhea being suppressed by it alone.

Dr. Lavirotte closes his letter by the following remarks:

"Does this medicine act like opium and the other calmants, as alum and colombo, and the other astringents, as nitrate of silver, by substitution, or rather, has it a special action which modifies the intestinal secretion?

"The oil of naphtha is too easily borne to allow of its being compared to nitrate of silver; its antispasmodic action might lead us to suppose it possessed of virtues analogous to those of calmants; but if it is recollected that naphtha is distinguished for its nauseous, bitter, and sharp savor, we will be induced rather to attribute to it an astringent action."

Dr. L. deems himself unable to answer whether or not it exerts a special action upon the intestinal mucous membrane. D. W. Y.

External use of Chloroform in Lumbago.—In the *Gazette des Hopitaux*, of October, 1848, it was announced that Dr. Moreau, of Tours, had discovered that chloroform, applied to the skin over the seat of the disease, had proved very efficacious in the treatment of lumbago.

Numerous experiments made since that time, both in France and elsewhere, with this most astonishing agent, have very conclusively established the efficacy of its external use, not only in lumbago, but in numerous other nervous diseases. No later than yesterday, a professional friend of this city related to me a case of the most distressing facial neuralgia which had been immediately and permanently relieved by a single application of chloroform. The same gentleman has used it with equal success in neuralgic pains in other parts of the body. I have myself used it with entire success in two cases of the most intolerable earache.

A brief account of some of the cures reported by Dr. Moreau may prove interesting:

1. Lapeniere, epileptic, aged 19 years, of lymphatic temperament, was seized about three weeks ago for the first time, with lively pains in the loins. The pains soon became intolerable, and even extended into the left thigh. A large piece of batting, moistened with chloroform, was applied *loco dolenti*. The pain disappeared entirely in the course of twenty-five minutes, and has not since reappeared.

2. A man, aged 59 years, who had suffered from repeated attacks of articular rheumatism, was suddenly seized, on the evening of the 21st ult., with a most violent lumbago. The pain was felt principally in the left loin and hip. The least change of position or movement produced the most excruciating suffering; difficulty of respiration excessive; chilliness, general perspiration; considerable febrile reaction; tongue loaded. On the morning of the next day chloroform was applied in the usual manner. Relief obtained in twenty or thirty minutes.

The above cases are very similar to those which were reported in a preceding number of the Gazette. The third case, the termination of which was equally satisfactory, is of greater value than either of the others, from the fact that the pains to which the patient was very subject, almost invariably lasted from fifteen days to a month. Under the use of chloroform he was completely relieved of them in three days.

3. M. Trubin, of robust habit, but subject for many years past to rhumatismal pains, the seat of which was especially in the region of the kidneys, was seized with

one of these pains, which was very intense, and occupied the right lumbar region, from whence it reached to the hip and thigh of the same side. The slightest movement augmented it very greatly; the patient walked with great difficulty, dragging his leg. Pressure produced no pain at any point. Twenty-four hours after the appearance of the disease, chloroform was applied over the seat of the pain. Its usual effects were produced. The patient experienced a smarting sensation, and the skin reddened. In the evening a very sensible amelioration had occurred. The next day the pain had disappeared; there only remained a feeling of numbness and weight in the regions which the evening before had been painful. The next day, the third from the first application of the chloroform, the cure was complete. The skin desquamated over the points touched by the chloroform.

We may here make a remark which is of some importance in a therapeutical point of view. It is necessary to act promptly and with vigor; this is the price of success. The more recent the lumbago the greater are the chances of cure. It is equally important not to be sparing with the chloroform. M. Moreau seldom employs less than from one to two ounces; and he also contrives that the batting shall cover as nearly as possible the whole of the painful part. After the application of the chloroform, the patient must be put to bed and covered in such a way as to protect him almost entirely from the action of the anæsthetic vapors. The unsatisfactory result of the following case may, we believe, be attributed to the quantity of chloroform employed being too small:

4. Ardan, aged 30 years, had never suffered pains of any description, until on the 25th of October, when he was suddenly seized with intense pains in the loins; he was bent double, without power to straighten himself; the pain was felt most between the shoulders. On the morning of the 28th, an application was made along the course of the vertebral column of batting, upon which had been poured at most about 50 drops of chloroform, and which was allowed to remain only about ten minutes—M. Moreau wishing to avoid producing vesication, which had occurred in a case that we will presently report. The pain was almost instantly calmed, but it reappeared in the evening, though less distressing than it was in the morn-

ing. The patient, moreover, complained of excessive heat in the part with which the chloroform had been in contact. The next day the pains were very slight, but they did not entirely disappear until two days later.

The rapidity with which the pain yields has always appeared to be in proportion to the extent of the injury done the skin, and that a slight and partial vesication, disseminated here and there has been produced. The contrary is the case when the chloroform has only determined a more or less vivid redness. In the following case there was complete vesication and very rapid recovery:

5. Favier, aged 55 years, has suffered towards autumn, for many years, with rheumatismal pains, sometimes articular, sometimes muscular, of which the mean duration was from six weeks to two months. The patient remembers to have had his first attack of lumbago at the age of eighteen years. The vague and sometimes very acute pains that he feels in different parts of the body, alternate ordinarily with violent pains in the head.

On the 3d of November, attacked with lumbago, the intensity of which rapidly increased and prevented all motion. On the 11th, chloroform was applied in the usual manner. Favier first complained of an icy coldness in the part to which the chloroform had been applied; then soon after a sharp and growing heat, which he compared to that of a red iron. The apparatus was removed at the expiration of twenty minutes, when the skin was of a crimson red. The pains had disappeared as if by enchantment. The next day the patient got up, walked about, went up and down stairs without exciting any pain. The chloroform, in this instance, produced a true vesication; the epidermis was raised and filled with serum. Four days after, the patient still felt in the parts a sensation of heat and numbness.

The curative action of chloroform is not always equally prompt and instantaneous. This, however, is only the exception to the rule, for in two cases only out of seven was it necessary to renew, after a considerable interval, the application of the remedy.

6. B. has been subject, for three or four years past, to rheumatismal pains, which, two or three times a year, manifest themselves in the left shoulder. These pains appeared in the early part of December; it was impossi-

ble for B. to move his arm without crying out; the pain extended to the finger points. Blisters and cups were applied without affording any relief. The diseased shoulder was then enveloped in batting saturated with chloroform; the pains yielded, but slowly; nevertheless, B. was able to resume his work the same day. The next day the pains reappeared; another application of the chloroform overcame them in less than thirty minutes.

7. M. Malson, director of the hospital, has been subject to lumbago for a great number of years.

On the 13th of Dec., an intense pain arose in the lower part of the loins; it was continuous, with frequent twitchings; the slightest movements were impossible; the patient was obliged to keep his bed. Frictions, with a complicated liniment, sinapisms, and injections of turpentine were of no avail. On the 16th, chloroform (about one ounce and a half) was employed. To a sensation of burning, which was easily borne, succeeded a quiet, agreeable heat. At the end of eight or ten minutes the patient was able to turn himself in bed without exciting any pain. The chloroform not appearing to act with its customary energy, the batting was allowed to remain for half an hour. In the evening the patient got up, dressed himself, walked about in his chamber, and to his office, without experiencing anything save a slight pricking sensation in the loins, similar to that produced by the application of sinapisms. About six o'clock, however, the pains returned, though much less intense than the first, dull, and without anything twitching or shooting in their character. The night was passed in this condition, and on the morning of the next day the pains had assumed a certain violence. Chloroform reapplied. The skin scarcely presented the redness produced by a slight sinapism, when, in an instant, as was the case in the first instance, all pain ceased, and the patient was repossessed with entire freedom of motion. The next day the patient felt a certain stiffness in the loins, numbness, etc. The same day he set out for Paris in a carriage, remained absent for many days; no suffering has been felt since. The last consideration that I shall offer upon this subject relates to a neuralgic affection other than lumbago. M. Moreau employed chloroform in a single case of sciatica and failed. He has, nevertheless, communicated the outlines of the case,

which contain certain peculiarities of a nature to induce us to believe that chloroform was not entirely innocent of the cure which was obtained in less than twelve days.

8. Madame F., a woman employed in the hospital, had suffered for some days with a very acute sciatic pain. The disease had commenced by a lumbago, induced in consequence of a strain. The first application of chloroform only very slightly allayed the pains; the second produced no effect whatever; nevertheless, the liquid had produced a large erythematous patch upon the skin. The next day the hip and the superior part of the thigh were covered by a large blister, the surface of which, after the removal of the epidermis, was touched at different points with the batting saturated with chloroform; a little while after this the pains had disappeared. In the night, the pains shot about anew. The next day the patient got up and walked about. It was still, however, not until seven or eight days later that she was completely relieved and able to resume her work.

The mechanism of the action of chloroform, used in this way, appears to be this:—There is first rubefaction, and then revulsion produced by this rubefaction of the skin; afterwards, absorption and direct action of the anæsthetic upon the muscular and tegumentary extremities of the nerves. D. W. Y.

Retention of Urine from Stricture of the Urethra; Puncture of the Bladder above the Pubis; "Extroduction" of the Bougie; Recovery. By DANIEL BRAINARD, M.D., Prof. of Surgery in Rush Medical College, Chicago.

On the 6th of December, 1848, I was called to visit William Hickman, a stout, athletic, colored man, aged about 35 years, laboring under retention of urine from stricture. Eleven years previously he had gonorrhea and stricture, which latter was neglected, although the surgeon in attendance gave full warning of the effects likely to result. From that time to the present he has been afflicted with the symptoms of stricture, which, during the past year, have been severe, and for several weeks the retention has gradually become more perfect.

At present (Dec. 6th) the bladder rises several inches above the pubis; there is great pain, and constant desire with inability to void the urine, except a few drops at a time. The urethra is hard, knotted, and irregular throughout its whole anterior part; the cellular tissues are much swollen, with a copious discharge of pus from the orifice. Abscesses had been, from time to time, formed along its course, and it was from one of these the pus came.

On attempting to introduce the catheter, it was found impossible to convey it more than three inches along the urethra before it entered a purulent cavity, behind which the canal could not be found.

Finding there was no prospect of relieving him in this way, I ordered a saline purge, bled him to approaching syncope, and applied fomentations.

7th.—No relief. The bladder more distended, and some constitutional disturbance. Attempts to pass bougie repeated without success.

8th.—Symptoms urgent. The fundus of the bladder rises nearly to the umbilicus, and the urine is discharged guttatim. I now determined to puncture the bladder above the pubis, with the long curved trochar. This was done with the aid of Prof. Evans and a number of pupils, although it was necessary to place the patient under the influence of chloroform, which was done perfectly. The trochar was then introduced about an inch above the pubis, and the canula being carried to the bas fond of the bladder, the stylet was withdrawn. After a copious discharge of urine, the orifice of the canula was closed with a small cork, which could be withdrawn for discharging the urine.

The unpleasant symptoms having, in this case, subsided in the course of twenty-four hours, the patient was extremely well satisfied with this new method of voiding urine, and would willingly have dispensed with further treatment. Injections were thrown into the urethra, and no further treatment used until the irritation of that canal had subsided. As soon as the state of the parts would permit, attempts were made to find the passage, and as often as the smallest sized bougie could be carried into any unexplored portion, it was dilated by using those of larger size from day to day.

The efforts to find the natural passage were continued by the use of every kind of bougie that promised success, for eight weeks; wax, gumelastic, catgut, and flexible bougies were repeatedly tried, and injections of water used without success. Near the posterior extremity of the spongy portion of the urethra was a knotty projection, beyond which the instrument would not pass.

Being upon the point of abandoning the case as incurable, the thought occurred that the prostatic and membranous portions of the urethra could be explored by means of an instrument carried into the bladder through the opening made by the puncture and still occupied by the canula. This being withdrawn, a small sized elastic bougie, rendered firm by a good sized wire, and bent to form a segment of a circle about a foot in diameter, was passed into the bladder, and its point directed forwards. It was found very readily to enter the urethra, and passed with little difficulty, the obstacle which seemed insurmountable in front. By a little exertion, the point of the bougie was brought to within about two inches of the orifice of the urethra, and then seized with a pair of forceps, the wire was withdrawn, and the point of the bougie drawn out, the open end passing into and remaining in tne bladder.

It was introduced in this manner February 19th, 1849, and allowed to remain three days, when it was withdrawn and replaced by one of larger size, which passed without difficulty. Larger instruments were gradually used, till one above the medium size entered easily.

March 4th. As much urine passes by the urethra as by the canula, and this was therefore withdrawn; after which the opening was closed, and urine passes more freely by the natural canal than has been done for a long time previously to the first operation.

He is now (March 31, 1849,) pursuing his ordinary occupation, (shingle making,) and experiences little difficulty in voiding his urine. It is not to be expected, however, that any treatment could entirely restore the urethra to a healthy state, but by an occasional use of instruments, it is probable that the recurrence of so perfect a stricture may be prevented.

Several practical deductions may be made from this case:—1st. The puncture of the bladder above the pubis,

if care be taken to prevent infiltration of urine, is a slight operation, and should not be deferred till extreme distention takes place. In further proof of this, we would refer to a case published not long since in the Buffalo Medical Journal, by our friend, Dr. J. P. White, of that city. In that case a puncture of the kind served as a substitute for a urethra for a long time with but trifling inconvenience.

2d. This puncture may be made useful in catheterism. For this operation of passing a catheter forwards, which so far as we are aware, has not been done before. a friend has suggested the name of *Extroduction.* It may be performed with a properly curved instrument very readily, and if difficulties should occur, they may be obviated by passing the finger into the rectum. If the cases in which it is likely to be useful are rare, they are extremely urgent, and when they occur, this operation may prove a valuable means of relief.—*North-Western Med. and Surg. Jour.*

Calomel in the Treatment of Cholera.—The Provincial Medical and Surgical Journal has the following on the treatment of cholera.

Mr. Stedman arrived off Calcutta in the early part of October, 1817, a few weeks after the cholera first broke out at Jessore. The ship, on board of which he was the appointed surgeon, was eleven days kedging up the Hoogly river, and, as each day's progress lessened the distance to the capital, so it increased the horrors of the spectacle presented by the numerous dead bodies floating, up and down, with the flux and reflux of the tides. Mr. Stedman was the first person in the ship who was attacked by the cholera. probably, as was strongly impressed on his mind at the time, because, as a professional man, he took more interest, than any other individual on board, in noticing the numbers, forms, colors, etc., of the dead bodies, and, particularly looking on, when any native was performing his duty, as police, in moving such of them as happened to get entangled, when the ship as at anchor, at the bows, by the cable, or

otherwise. The Bengal papers of that period stated, that between two and three thousand dead were cast into the river in a week. Hence Mr. Stedman's exposure to a sufficient force of putrefying animal effluvia to account for his being the first individual in the ship seized by the disease.

His plan of treatment was simple and bold, but most unequivocally successful, since he lost not one of the crew, amounting to forty-eight, all of whom, with only one single exception, had the disease, whilst other ships in the river lost many of their men. A Bristol ship, moored about two cable lengths higher up the stream, lost thirteen of her crew the first fortnight after her arrival.

Mr. Stedman's sheet-anchor and sole reliance was calomel. Having commenced dosing himself, and having repeated it to a successful issue, he followed the same plan in all the other cases as they occurred. He was, as it were, knocked down by the first seizure, and instantly rendered unable to go to the medicine chest. He requested the chief officer to go and weigh twenty grains of calomel for him. He replied that he would bring the calomel and the scales, but that he was not going to give such a dose as that. By the time he returned into the cabin, Mr. Stedman had incessant vomiting, but no power. He begged the officer to weigh twenty grains, and then to slip it off the scale upon his tongue. This done the vomiting ceased for a short time, but not the cramps in the abdomen or limbs. On the recurrence of the retching, Mr. Stedman again, in less than ten minutes, requested to have twenty grains more. This checked all further vomiting, and, in one hour afterwards, still having spasmodic pains and drawings of the abdominal muscles, with heavings to vomit, he asked for twenty grains more. This, the first officer refused to have anything to do with, but the second officer and others standing around overruled the objection, and a third dose of twenty grains was given. Shortly after this, Mr. Stedman was so far relieved as to be able to sit upright in the chair, and then they made him sip brandy and water. This warmed his stomach, and brought on reaction of the heart, and, although very feeble, with frequent cold-sweats for several days, he might be said to have been

well next day, as he was able to walk about, and attend to his duty.

The second case occurred the third day after Mr. Stedman's attack; and very rapidly all on board, with the single exception already mentioned, of the chief officer, (who entirely escaped,) were seized. The captain who had gone ashore, and remained there the whole time, also escaped.

To some of the men Mr. Stedman found it necessary to give to the extent of five doses, and, to one individual, six doses of twenty grains each. In two instances he began with half-drachm doses. In all the cases this simple plan proved successful. The only adjuncts were brandy and water, and, as soon as the appetite could take it, solid food well spiced. What seems still more remarkable, when one considers the habits and mode of living of the natives, is, that the same treatment proved equally successful with them. The native boat called "The Dingy," employed to convey messages, persons, etc., to and from the shore to the ship, frequently brought alongside, friends or relations of the boatmen, for the doctor's advice and medicines. To these Mr. Stedman gave his never-failing powders. Some of them he saw no more of, nor could he ascertain that any one of them died. On the contrary, the boatmen continued to bring more patients, or begged for powders for those who were too ill to be brought to the ship. To show his thankfulness and gratitude for the benefits conferred on his friends, the boat-master brought to Mr. Stedman, as a present, a string of beads, such, as he said, were worn only by Brahmins of high caste.

Cod-Liver Oil.—A discussion on the properties of this article took place at the Westminster Medical Society, February 3. The majority of the Fellows stated that they had found the oil to possess a very marked effect in almost all cases of scrofula and phthisis. In the first class of cases, it was not only given internally, with the effect of much improving the general health, but it was applied locally to scrofulous sores, with the most marked benefit. In phthisis it appeared to exert its influence at

once by its nutritious properties. It checked perspiration, and removed emaciation; and appeared, by keeping up the tone of the system, to arrest the further deposition of tubercular matter. Some thought that any oily substance, as butter or almond oil, would have the same effect; others considered the cod-liver oil to have some specific influence. One gentleman had found it rather injurious than otherwise in some cases of phthisis, from its tendency to disorder the digestive organs. Altogether, however, the opinion generally was decidedly in its favor as a palliative agent in consumption.—*Lancet.*

Fracture of the Penis.—A young man, native of Canton, applied to Dr. Parker for relief. He had been married about eight months. On the nuptial night, he met with insurmountable difficulty in his attempt to establish sexual intercourse with his bride, and in an effort, on that occasion, sustained a severe, and most probably, irreparable injury, which caused great pain. Since that night, erection of the penis is limited to about half an inch of its root, the extremity of the organ, with its glans, hanging flaccid.

Upon examination, a well-defined, transverse space, through the corpora cavernosa, about half an inch from the pubis, the site of fracture, was found to separate the penis into two parts.

No attempt was made to remedy this serious misfortune.—*Am. Jour. Med. Sci.*

Kreosote in Erysipelas. By P. Fahnestock, M.D., of Pittsburgh.—Allow me to state that, during a practice of many years, I have been in the habit of using kreosote in erysipelas of the face, (as well as on all other parts of the body), in both its simple and phlegmonous forms, confining my local treatment to this article alone. And such has been the success of this treatment, that I have as yet to witness a case that has not yielded to it.

In every case of local erysipelas I immediately apply the purest kreosote with a camel's hair brush over the

whole of the affected surface, extending it some distance beyond the inflamed part, and at the same time administering a dose of chlor. hydrarg., followed by a sufficient portion of jalap to insure free catharsis. This, in the majority of cases, is all I find necessary. But when the mucous membrane of the mouth and fauces is also affected, I pencil those parts with a strong solution of the nit. argent., say from ℥ss. to ℥i. to ℥i. of distilled water.

In the phlegmonous form it will be found necessary to repeat the application more frequently than in the simple, with the addition of a bread and water poultice, applied nearly cold and well sprinkled with water strongly impregnated with the kreosote, or a cloth kept constantly wet with the solution, especially for the face.

The kreosote when applied, should cause the part to become white immediately. If this does not occur, it is not pure. Thus you will perceive that success depends upon having the best quality of oil. It is worthy of remark that the skin does not become in the least marked by the application, no matter how often it is applied.

I was first induced to make a trial of this remedy, by a remark made by Dupuytren in a small pamphlet which fell into my hands, in which he supposed it might be a good remedy in the disease.

The result of an extensive and exclusive use of this article in erysipelas, has induced me to place the most implicit confidence in it; and all I ask of the profession is a fair trial for it, confident that whoever once tries it, will abandon all other articles in its favor.—*Ib.*

Quantity of Carbonic Acid exhaled by Man in Health and Disease.—We extract the following from a Memoir on the Variations of Carbonic Acid exhaled in a state of disease and in certain physiological conditions, such as sleep, digestion, etc., lately presented to the Academy of Sciences:

Physiological State.—1st. There exists in the exhalation of carbonic acid hourly variations corresponding with those of the barometer, having as the latter, two

maximums, the one about 9 o'clock in the morning, and the other at 11 o'clock in the evening; and two minimums, the one about 3 P.M., and the other at 5 A.M. The maximum of the morning is greater than that of the evening.

2d. Variations of temperature and pressure act in an inverse ratio of one another; the one to diminish the other to augment the exhalation of carbonic acid gas.

3d. During the process of digestion there is less carbon burnt.

4th. Animal food diminishes, while the exclusive use of feculent matter augments, the quantity of carbonic acid.

5th. During rapid exercise, the air expired does not contain more carbonic acid.

6th. The same is true after breathing ether and chloroform.

7th. The use of alcoholic drinks produces the same effect.

8th. Less carbonic acid is generated during sleep than during wakefulness.

9th. The temperature of the air expired in a state of health does not sensibly vary.

10th. The air expired by infants contains more carbonic acid than that of adults.

Pathological State.—1st. In meningitis, peritonitis, metro-ovaritis, and generally in all well characterized phlegmasia, there is carbonic hypercrinia.

2d. The exceptions to this rule are: pneumonia, pleurisy, pericarditis, and all the phlegmasia which produce embarrassment of the respiration or circulation. In this case, there is carbonic hypocrinia.

3d. Subjects laboring under acute articular rheumatism exhale more carbonic acid.

4th. More carbon is burnt during a paroxysm of intermittent fever. The increase is more marked during the hot stage than during the chill. Towards the close of the sweating stage, the air expired differs but slightly from that expired in a state of health.

5th. In all diseases which are not accompanied by fever or marasmus, as chlorosis, diabetes, and nervous affections, there are no variations in the properties of carbonic acid expired.

6th. In variola, rubeola, roseola, scarlatina, erysipelas, and erythema, there is less carbon consumed.

7th. During the work of suppuration, the lung exhales less carbonic acid.

8th. In scurvy, purpura, anemia, and anasarca, there is carbonic hypocrinia.

9th. The same is the case in the last stages of the cancerous, scrofulous and syphilitic cachexia.

10th. Individuals affected with typhoid fever, chronic dysentery or diarrhea, exhale less carbonic acid.

11th. There is less carbon burnt by the respiration in pulmonary phthisis.

12th. The temperature of the air expired in disease is in direct ratio to the number of inspirations.—*Gazette des Hôpitaux.*—D. W. Y.

Vigo's Plaster in Small-Pox.—The question of whether the action of Vigo's plaster in preventing and arresting the development and suppuration of small-pox pustules is specific, or possessed in common by other greases, is thus resolved by M. Champouillon. In 108 cases of variola, the subjects varying in age from twenty-one to twenty-eight years, the emplaster Vigo was applied to the face; the surface of the neck was covered at the same time with a layer of hog's lard, olive oil, or diachylon. In only four instances was the variolic eruption aborted in this latter situation, whilst it was developed upon the face in but eleven cases.—*Ib.*

Galvanism in Paralysis of the Bladder.—The manner of applying this remedy, adopted by M. Michon, of La Pitié Hospital, is very simple and is as follows: Two silver catheters or sounds are introduced, the one into the bladder, the other (the female) into the rectum, and being connected with the two poles of a simple electro-medical machine, the current is established and continued for a few minutes, when the sounds are withdrawn.

M. Michon, in two cases which he lately treated with success, used the remedy but once in the twenty-four hours.—*Ib.*

Nocturnal Visits.—The question, at what hour does night begin and end with a physician? having lately come up before one of the courts of Belgium, it was decided after a protracted debate, that all visits paid between the hours of nine o'clock in the evening and six in the morning should be considered night visits.—*Ib.*

On the external use of Iodine in Croup.—Dr. Willige speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighborhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three cases in which, by this means, he succeeded in averting impending death.—*Schmidt's Jahrbücher.—Southern Med. and Surg. Jour.*

Chloroform in Mania-a-potu.—Dr. G. Lane Corbin, of Virginia, writes to us that he has used chloroform successfully in two cases of mania-a-potu, after the various preparations of opium had failed to procure sleep.—*Medical News.*

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LOUISVILLE, JUNE 1, 1849.

THE AMERICAN MEDICAL ASSOCIATION.

The American Medical Association held its second annual meeting at Boston on the first day of May, and adjourned on Friday the 4th, after an interesting session of four days. The delegates were welcomed to the city by Dr. Warren in a neat address, which was replied to by several members of the Association. The officers appointed for the following year are as follows:

For President—Dr. John C. Warren, of Massachusetts.

For Vice Presidents—Dr. J. P. Harrison, of Ohio; Dr. H. H. Maguire, of Virginia; Dr. A. Flint, of New York; Dr. R. S. Stewart, of Maryland.

For Secretaries—Dr. A. Stille, of Pennsylvania; Dr. H. I. Bowditch, of Massachusetts.

For Treasurer—Dr. Isaac Hays, of Pennsylvania.

The next meeting will be held in Cincinnati. Of the late meeting, the editor of the Boston Medical and Surgical Journal says, that it was "eminently characterized by harmony, order, and good fellowship." The delegates alone numbered about 450, and were from twenty-two States of the union. The communications and reports made during the session are spoken of as able and important. As at the former meetings, the subject which called forth most discussion was that of

medical education, in reference to which the following resolutions were adopted:

"Resolved, That the Association reiterate their approval of the resolutions, in reference to medical education, adopted by the Convention which met in Philadelphia in May, 1847, and contained in pages 73 and 74 of the published proceedings of that Convention.

"Resolved, That the attention of medical colleges be again directed to the resolutions of the Committee on Preliminary Education, adopted by the Medical Convention of 1847, and that they be advised to require from the students, in all instances, certificates of due preliminary acquirement prior to graduation.

"Resolved, That physicians generally, throughout the Union, be advised and requested to requre of those wishing to become their pupils, evidence of a proper general education, before admission into their offices.

"Resolved, That this Association does not sanction or recognise "college clinics" as substitutes for hospital clinical instruction, and that the medical colleges be again advised to insist, in all instances when it is practicable, on the regular attendance of their pupils, during a period of six months, upon the treatment of patients in a well-conducted hospital, or other suitable institution devoted to the reception and cure of the sick.

"Resolved, That in accordance with a resolution of the American Medical Association adopted May 4th, 1847, it is earnestly recommended to the physicians of those States in which State Medical Societies do not exist, that they take measures to organize them before the next annual meeting of this Association.

"Resolved, That the State Societies be recommended, after they shall have been organized, to recognize as regular practitioners none who have not obtained a degree in medicine, or a license from some regular medical body, obtained after due examination.

"Resolved, That this Convention recommend to the various schools of medicine to meet at Cincinnati before the next meeting of this Association, and present a plan for elevating the standard of practical education."

NATIONAL CONVENTION FOR REVISING THE PHARMACOPEIA OF THE UNITED STATES.

We invite the attention of our readers to the following notice:

The Convention for Revising the Pharmacopeia, which met in Washington in January, 1840, adopted the following resolutions.

1. The President of this Convention shall, on the first day of May, 1849, issue a notice, requesting the several *incorporated State Medi-*

cal Societies, the *incorporated Medical Colleges*, the *incorporated Colleges of Physicians and Surgeons*, and the *incorporated Colleges of Pharmacy*, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general convention, to be held at Washington, on the first day of May, 1850.

2. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopeia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next Convention.

3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of the Convention the names and residences of their respective delegates as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1850.

4. In the event of the death, resignation, or inability to act of the President of the Convention, these duties shall devolve on the Vice President, and, should the Vice President also be prevented from serving, upon the Secretary or Assistant Secretary, the latter acting in the event of the inability of the former.

In compliance with the foregoing resolutions, the undersigned having been informed by the President of the late Convention, Dr. Lewis Condict, that he would be unable, from indisposition, to perform the duties assigned to him, gives notice to the several medical and pharmaceutical bodies enumerated in the first resolution, that a Convention for Revising the National Pharmacopeia will meet in the City of Washington, on the first Monday in May, 1850.

The undersigned also requests of the several bodies referred to, that they will fulfil the wishes of the convention, as set forth in the second resolution; and, further, that they will transmit to his address, on or before the first of March next, the names and residences of the delegates whom they may appoint, in order that a list of them may be published, as directed in the third resolution.

GEO. B. WOOLL, M.D.,
Vice President of the Convention, 1840.

Philadelphia, May 1, 1849.

CONGRESS REPORT ON THE DISCOVERY OF THE LETHEON.

A majority of the committee, to whom was referred the memorial of William T. G. Morton, asking compensation from Congress for the discovery of the anæsthetic property of sulphuric ether, have reported in favor of the claims of the memorialist. Dr. Edwards, the chairman of the committee, has made out a strong case for Dr. Morton; but the

minority ... is said to place the claims of Dr. Jackson in a favorable light. We have not yet received a copy of the latter report, and have not leisure to enter into the merits of the controversy even if we had all the documents before us.

CASTOR OIL AND SPIRITS OF TURPENTINE IN TYPHOID FEVER.

Dr. C. W. Crozier, of Russellville, Ky., has communicated to us the particulars of a case of typhoid fever in which, at an advanced period, castor oil and spirits of turpentine were administered with success. The life of the patient had been despaired of by her friends, and her recovery, Dr. C. attributes to the use of these remedies, in doses of a teaspoonful each, repeated three times daily. While employing this mixture, he had the patient bathed in tepid ley, the effect of which seemed to be salutary. This practice in typhoid fever, attended with coma and watery discharges from the bowels, was suggested to Dr. C. by Dr. James H. Baker, of Knox county, Tenn., in whose hands Dr. C. says it has been found valuable.

CHLOROFORM IN LABOR.

As the anæsthetic practice, in midwifery, is still comparatively unusual in the west, the following notice which we copy from a letter of our friend and kinsman, Dr. Wilson W. Yandell, of Gibson county, Tenn., will probably be read with interest.

"I attended, the other day, my first obstetrical case. It was a tedious case; the woman had been in labor for thirty hours before I saw her. I found the os uteri but partially dilated, hard and rounded. I administered the chloroform, and introduced the finger, as directed by Professor Miller in such cases. These means soon brought about a full dilatation, followed, in a few hours, by the birth of two fine children, a boy and a girl."

PROGRESS OF CHOLERA.

The latest medical journals from France are filled with details respecting the progress of cholera in that country. Thus far, the epi-

demic has assumed a much milder form than that in which it appeared in 1832. The invasion appears to have taken place as far back as the 20th of last October. On the first of March the four departments of the north presented 1,692 cases and 803 deaths. In one of these departments alone, in 1832, there occurred, from the 14th of April to the 1st of December, 12,557 cases, and 6,040 deaths; while for three months, this year, the number of cases has been only 378, and the deaths but 222. The symptoms are of much less violence than they were in 1832, and the typhoid character predominates.

The two first cases of cholera occurred in Paris on the 9th of March, and out of the first eighteen, twelve proved fatal. But it is remarked that these victims to the disease "were either laboring under chronic affections of long standing, or confirmed drunkards, or living in the most wretched state of filth and want." In Paris, the difference between the epidemic of 1849 and that of 1832 is as striking as in the provinces. In the space of seven days, in the latter year, there were recorded, in that city, several thousand deaths; whereas now the number of cases in the same lapse of time is but eighteen, and the deaths twelve. On the seventeenth day of its reign it had carried off 161 persons; on the seventeenth day after it broke out in 1832 it had been fatal in 7,000 cases. Up to the 30th of March, 623 cases and 317 deaths had occurred in the hospitals; and the sum total for the whole country, including the capital, from the 25th of September to the 27th of March, has been 3,062 cases, and 1,445 deaths. In 1832, in the same period, forty-one departments were invaded, instead of seven, as now, and in four months there were no fewer than 120,000 cases and 60,000 deaths. How far this improvement depends upon the season of the year, or upon the fact, as suggested by a French journal, "that the epidemic is, in some degree, *worn out*," remains to be seen.

The greatest mortality in the hospitals has been in Salpetriere, an asylum for indigent females of advanced age, and for the insane of the same sex, of which it contains upwards of 5,000. Up to the 30th of March, 209 cases and 126 deaths had occurred there. In all the hospitals of Paris, up to that time, 623 cases had been presented, of which 317, or more than one-half, were fatal.

The cases and deaths in Great Britain up to the 21st of March are stated to have been as follows: London, 1,205 cases, 617 deaths. Provinces, 1,077 cases, 476 deaths. Scotland, 12,640 cases, 5,219

deaths. During the last week of March there were only ten fatal cases of cholera in the metropolis and its environs, and official reports of cases and deaths are no longer made, public apprehension having subsided as to the immediate danger; but there are many who are not without fears that, as in 1832, another outbreak may occur in the summer.

The epidemic broke out suddenly at Limerick, in Ireland, in March last, and more than a thousand, out of a population of 60,000, were swept away by it before the 7th of April. All the cases for the first few days, it is stated, "came from one locality, the resort of drunken sailors, abandoned women, and people of that class; and some of the most marked and fatal cases happened in crammed up lodging-houses during the Assizes, which were holding at the time."

In New Orleans, the list of interments from cholera, from the 17th of February to the 14th of April, number 1,008. The citizens had begun to congratulate themselves that the epidemic had passed away when it broke out a second time with increased violence. The following table, given by Dr. Crossman, in the New Orleans Medical and Surgical Journal for May, shows the gradual rise and declension of the disease for several weeks:

	Cholera.	Total.
Deaths for the week ending 3d March,	25	112
" " " " 10th March,	50	162
" " " " 17th March,	116	296
" " " " 24th March,	287	421
" " " " 31st March,	238	378
" " " " 7th April,	117	228
" " " " 14th April,	73	197
" " " " 21st April,	101	232

The mortality was greatly swelled by the immigrants who were pouring into the city by almost every arrival from sea. Comparatively few resident citizens perished. The pestilence was fast declining at the last dates, but as all the causes favorable to its renewal are now in active operation it can hardly be hoped that it has finally disappeared from that city.

In St. Louis during a good part of May the number of deaths from cholera was said to be about twenty. Four cemeteries reported twenty interments from the disease on the 25th, and some others failed to report. The immense number of immigrants arriving there contributed

largely to the mortality. In many of the towns on the Mississppi above, the disease has prevaled to a considerable extent, and has proved fatal to a number of persons on their way to California.

The epidemic has increased at Cincinnati, and a number of deaths are daily announced.

At Nashville for thirty days before the 20th of May, the date of our last letter from that city, no case of the disease had occurred; but two days later it reappeared, and six fatal cases occurred in a short time.

At Maysville there have been several fatal cases; and four deaths from cholera, in the Lunatic Asylum at Lexington, were reported about the 22d of May. No case had appeared among the citizens. On the last night in April several deaths from the disease occurred in Louisville, and early in May a few fatal cases were reported in Jeffersonville and New Albany. None have occurred for several weeks past in either of the latter places.

In this city, occasional cases are still reported, but the epidemic tendency seems to have passed away, and the health of the citizens may be said to be excellent. In another part of this number will be found a report on the disease as it appeared in Louisville.

TREATMENT OF CHOLERA.

Chloroform inhalations were used by Richet at the Hopitaux des Cliniques, but without any satisfactory results. Applications of the same were made without success by M. Vernois, at the Hopital St. Antoine, but he has used wtth advantage, in some cases, a combination of chloroform and laudanum.

Dr. Fenner treated the disease, in New Orleans, upon the following plan. "A large sinapism to the abdomen, smaller ones to the extremities, friction with spirits of turpentine to the legs. The following medicines internally:

℞. Calomel ℥ss.
Sulph. morphia, gr. ss. M.

of this he gave about two-thirds immediately, and soon afterwards the following mixture:

℞. Spts. camphor, ℥jss.
Spts. lavender comp.
Tr. opii, *aa* ℥j. M.

Two teaspoonsful of this were given, and repeated after every stool."

Dr. Fenner restricted his patients to a very limited allowance of cold water. Where he suspected the presence of indigestible food in the stomach, he gave an emetic of salt and mustard. "As to the value of calomel in the treatment of cholera," he says, "I am decidedly of opinion that it is inestimable." He adds, "Dr. J. J. Kerr, of this city, has treated with complete success several cases in the *collapsed* condition, with large doses of calomel. He throws in from sixty to one hundred grains of this medicine every one or two hours, until vomiting and purging are checked, and dark feculent discharges are produced. He likewise advises a suppository of opium, as auxiliary to the treatment. From 500 to 1,000 grains of calomel have been administered in the collapsed stage, and the only bad effect has been a slight salivation."

Dr. Buchanan, of Nashville, used immense doses of opium and camphor in some of his last cases. Two of these were of a desperate character, but were recovered by the use of these agents. To one patient he administered forty grains of opium in twenty-four hours, and to another forty-four grains, in the same period.

PROFESSOR SILLIMAN.

The newly elected Professor of Chemistry in the University of Louisville gratified his friends in this city with a short visit a few days since. We learn that the Board of Trustees, at his suggestion, have ordered large additions to the already excellent suite of chemical apparatus in the school. The impression made by Professor Silliman upon his new friends here is all that his friends in New England could desire. No one who has had the advantage of his acquaintance doubts that he is a most valuable acquisition to the school and the city.

NUMBER OF CHAIRS IN MEDICAL SCHOOLS.

While in this country the tendency of the profession is to increase the number of chairs in medical schools, in Paris a disposition to the reverse has recently manifested itself. It has been proposed by the Committee of Education to suppress as useless or subordinate, the chair of clinical medicine; the chair of clinical surgery; the chair of medical

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